Boarding Admission Form

Date of Admission:

Contact name:

Pet name:

Emergency Phone:

1. All pets boarding must be current on vaccinations. Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).

2. If parasites are found on the pet during the stay, they will be treated as **the Clinic** determines, and the cost of the treatments will be added to the total bill.

3. If the pet must be separated from the general population and put in quarantine, added charges for quarantine procedures will be added to the total bill.

4. If the pet is found to be aggressive and dangerous to the staff or other animals, additional charges will be added to the total bill.

5. If the pet is to picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill.

6. All reasonable precautions will be used to prevent injury and escape of the pet. **The Clinic** is not responsible for the actions of the pet that may cause injury and escape.

7. All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. **The Clinic** is given authorization to dispose of the pet(s) as they deem best, including euthanasia (putting to sleep).

REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

☐ A Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

☐ B Treat my pet as needed, but not to exceed $_____. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if **the doctor** or his/her agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, **the**

☐ C Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature:

Date: