

Boarding Release Form

Owner: _____

Phone(s): _____

Patient: _____

I certify that I am the owner (agent of owner) of the above animal and do hereby consent and authorize Animal Care Veterinary Hospital to board my pet from this time forth. I understand that boarding is NOT a substitute for good home care, since any boarding situation results in increased stress on my pet, thus resulting in a weakened immune system. I also understand that for this reason, it is required to show written proof of a current Rabies, Distemper, Hepatitis, Parainfluenza, Parvovirus and Bordetella (dogs) or PCR-FELV, RABIES (cats) that were administered by a Veterinarian. Canine Influenza Vaccine (dogs) is also recommended, but it is not required at this time.

_____ *Initial*

It is recommended that the pet receives their vaccinations at least 2 weeks prior to boarding, if this isn't possible I understand that my animal may not be fully protected and can be at risk of illness. Long term boarding (more than 2 weeks) of animals that are sick, very old, or under 6 months of age is strongly discouraged. Boarding services may be refused under these circumstances. I will not hold Animal Care Veterinary Hospital or its staff responsible and/or liable for gross negligence.

_____ *Initial*

Vaccinations don't guarantee that my pet will not get Upper Respiratory Disease or any other illness. There are many different germs that cause upper respiratory disease. Vaccines don't exist for all of these germs. Boarding is a high stress environment so just like a day care it is always a risk for illness because of high exposure and stress. I understand the risk of illness is my responsibility. I will not hold Animal Care Veterinary Hospital or its staff responsible and/or liable for gross negligence.

_____ *Initial*

If my pet should injure itself in an escape attempt, refuse food, become ill, lost, or die while being boarded, I will not hold Animal Care Veterinary Hospital or its staff responsible and/or liable for gross negligence.

_____ *Initial*

Most animals after boarding more than 2-3 days may need a bath. **Animal Care recommends scheduling a bath ahead of time with the groomer.**

_____ I understand that if my pet will be boarded longer than 2 weeks. I agree to pay ½ the estimated boarding fee prior to boarding and the balance at the time of discharge or on a weekly basis during boarding. If I neglect to pick up the animal within 10 days of written notice, mailed to the above address, Animal Care may assume that the pet is abandoned, therefore, allowing Animal Care Veterinary Hospital to dispose of the animal according to the Law. Abandonment does not release me from my obligation to pay the bill.

_____ **I understand that payment is required for all services prior to picking up the above animal.** I further agree that in case of nonpayment, a financial charge of 1.5% per month (18%APR) will be charged and that any collection fees or attorney fees will be the owner's responsibility. A \$3.00 monthly service charge will be assessed to all accounts not paid in full within 30 days.

I hereby certify that I have fully read, understand and agree to this authorization for boarding.

Owner's Signature _____ Date _____

Name of authorized party to make decisions in my absence:

Name _____ Phone _____

_____ I wish to authorize any treatment for my pet in the event of injury/illness. I agree to
Pay all charges in full at the time of discharge.

_____ I wish to decline any treatment for my pet in the event of injury/illness.

Emergency Phone # _____

Owner: _____

Phone(s): _____

Patient: _____

Renewal of Boarding Consent Form:

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

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Date _____ Signature _____ Date _____ Signature _____

