

# All American City Veterinary Hospital Boarding Agreement

Client: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

Any pet not claimed with-in 10 days of check-out date, without new provisions being made, will become property of All American City Veterinary Hospital, and will be handled to the best of our judgment.

Initial: \_\_\_\_\_ **ALL PETS ADMITTED MUST HAVE A CURRENT ANNUAL EXAM BY A DOCTOR ON FILE. THE FOLLOWING VACCINATIONS REQUIRED FOR BOARDING MUST BE CURRENT:**

**Cats: FVRCP (distemper, upper respiratory) and Rabies Dogs: DHPP, Bordetella Rabies, CIV**

If your pet is past due on any of the above vaccines, unless proof from another veterinarian can be provided, your pet will be examined and given any necessary vaccines and current rates will apply. ALL PETS MUST BE FREE FROM EXTERNAL PARASITES. Pets found to have evidence of parasites will be treated at the owners expense. If your pet has special dietary needs or preferences, you must provide the food, or it may be provided at current rates.

**You must bring all medications in their original containers. If medications are not provided, you will be charged for said medications at current rates. Please list any/all medications below. Include dosages and instructions.**

Medication Name Dosage Amount Dosage Instructions Last time given?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have special dietary instructions for my pet \_\_\_\_\_

\_\_\_\_\_ I am leaving these belongings with my pet \_\_\_\_\_

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and listed in this record and does consent and authorize All American City Veterinary Hospital to care for and treat said pet.

If an emergency situation arises, I authorize services, including anesthesia if necessary, to treat my pet until such time as I can be reached. I understand that every reasonable effort will be made to contact as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarian to proceed with treatment as deemed necessary for the well being of my pet. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize the staff to perform diagnostic, therapeutic, anesthetic, emergency and surgical procedures as necessary and advisable for the treatment and maintenance of my pets health and well being of my pet. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved/clipped as necessary to facilitate treatment. I expect that reasonable precaution will be used to ensure my pet's safety and well being while in All American City Veterinary Hospital's care and, I agree to pay in full for services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services occurs, a reasonable effort will be made to contact me using the contact information provided. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, and that this may mean that my pet may need another procedure at a future date at my expense.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_