

**BOARDING FORM**

OWNER'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

CONTACT NUMBER(S): (Primary) \_\_\_\_\_

(Alternate) \_\_\_\_\_

CHECK-IN DATE: \_\_\_\_\_

CHECK-OUT DATE: \_\_\_\_\_

**FEEDING INSTRUCTIONS:** **Own Food** **Clinic Dry Food** **Clinic Canned Food** *Additional charges apply.*

Feeding Instructions: \_\_\_\_\_

**MEDICATIONS:** *List any medications that must be administered during your pet's stay. Please note that there is a one-time \$15 medication administration fee.*Are you leaving medications with us today?  Yes  No (check one)**Medication(s) Name & Directions:****Time Last Dose Given:****Refill Needed?**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Yes  No Yes  No Yes  No**IN-HOUSE SERVICES:****Bath**Would you like your pet to have a bath before check-out?  Yes  No**Doctor/Technician Exams**Would you like your pet to be examined by the doctor during this stay?  Yes  No

If so, please briefly explain the reason for the exam (i.e. vaccine boosters, recheck, new illness or concern):

\_\_\_\_\_  
\_\_\_\_\_**Exam Authorization**

While every attempt will be made to contact you after the exam, in case we cannot, do you authorize the veterinarian to begin treatment during your pet's stay?

 Yes  No**In Case of Emergency**

I am over 18 and understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, I agree that in the event my pet experiences a cardiac, respiratory, or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation



(CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Memorial Veterinary Clinic pursue such medical care as indicated below. *(client required to select one)*

Resuscitate (R): I authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and understand this may result in additional charges. I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

Do Not Resuscitate (DNR): I do NOT authorize emergency treatment (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) if the situation arises and prefer to be contacted before any additional treatment is performed.

**BOARDING AGREEMENT:** *Please review and initial.*

### **Health & Safety**

Memorial Veterinary Clinic may administer vaccinations, medications, test procedures, anesthetics, or necessary treatments for the animal's health, safety, and well-being while the animal is under the clinic's care and supervision. I understand that every effort will be made to contact me before these procedures are performed.

*Initial:* \_\_\_\_\_

### **Liability Release**

If my pet injures itself in an escape attempt, refuses food, soils itself becomes ill or passes away at the hospital, I will hold Memorial Veterinary Clinic and staff free of all responsibility and/or liability in the absence of gross negligence.

*Initial:* \_\_\_\_\_

### **Flea Protection**

I understand all animals admitted for boarding must be treated for external parasites/fleas with Capstar, including if they are currently on a flea preventative. This is not only for the comfort and safety of my pet but also for other pets in the hospital.

*Initial:* \_\_\_\_\_

### **Vaccinations**

I understand that all dogs staying within the facility must be up to date with vaccinations against rabies, Bordetella, influenza, and distemper parvo, and all cats must be up to date with vaccinations against rabies and feline distemper. I authorize the Memorial Veterinary Clinic to perform any required services at my expense as deemed necessary by the veterinarian.

*Initial:* \_\_\_\_\_

### **Financial Responsibility**

I am responsible for payment in full for all boarding and treatment when this animal is discharged. If I neglect to pick up this animal within five (5) days of written notice that it is ready for release, you may assume it has been abandoned. Memorial Veterinary Clinic is authorized to rehome it as they see fit. Abandonment, however, does not release me of my obligation for payment of the bill. In the case of nonpayment, I agree to pay finance charges and attorney fees, and assume the risk of being sent to collections.

*Initial:* \_\_\_\_\_

### **Bathing**

I understand that my pet(s) will be bathed at my expense before release if they soil themselves.

*Initial:* \_\_\_\_\_

**Weather Evacuation**

In the event of a weather evacuation, we must have an alternative person of contact who can pick up your pet(s) within an hour of a mandatory evacuation issuance. We will not have staff on premises to care for your pet(s) during a weather evacuation (another word? Disaster)

Emergency contact & phone number: \_\_\_\_\_

Initial: \_\_\_\_\_

**Authorization**

I authorize the hospital to receive and board my pet(s). The staff at Memorial Veterinary Clinic are to use all reasonable precautions against illness, injury, or escape of my pet(s). They will not be held liable or responsible in any matter whatsoever, under any circumstances, on account of the care, treatment, or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks. I certify that I have read and fully understand this authorization for boarding my pet at the hospital. I accept financial responsibility for all charges incurred to the above pet(s) and agree to pay all such charges at check-out for this stay. I have read and agree to the policies and procedures for boarding and have verified all information listed above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_