

## BOARDING ADMISSION FORM:

Owners Name: \_\_\_\_\_

First

Last

Check In Date: \_\_\_\_\_

(mm/dd/yy)

Discharge Date: \_\_\_\_\_

(mm/dd/yy)

Pets Name: \_\_\_\_\_

Second Pet Name: \_\_\_\_\_

Additional Pet's Name(s): \_\_\_\_\_

## MEDICAL/ILLNESS POLICY:

All pets entering this boarding facility must be protected against all preventable communicable diseases and be free of internal and external parasites (intestinal worms; fleas; ticks). If any intestinal/external parasites, fleas, or ticks are detected at any time during your pet's stay with us, I understand they will receive treatment at my expense. Should a medical emergency arise or my pet becomes ill in my absence, I understand my pet will be examined by a veterinarian and appropriate treatment will be provided. I understand if I seek medical care for any condition, and/or my pet receives any medical care, I will assume full financial responsibility. I understand there are additional fees if my pet requires medication to be administered.

Agree\* \_\_\_\_\_

## GENERAL BOARDING REQUIREMENTS:

If my pet is found to be aggressive and dangerous to the staff or other animals, and sedation is deemed necessary for treatment or handling, I authorized the staff to administer such treatment. If the pet must be separated from the general population and put into quarantine. I am aware additional charges will be applied. I understand if requesting a bath prior to my pet's departure there may be additional fees depending on how long my pet stays.

Options for bath prior to your pet leaving:\*

Accept\* \_\_\_\_\_

Decline\* \_\_\_\_\_

## ABANDONED PETS:

If I neglect to retrieve my pet within 5 days of the agreed date of discharge, we will consider your pet abandoned and will become property of Allphin Veterinary Clinic. If we are unable to contact you, Allphin Veterinary Clinic will make arrangements for placement or humane care including possible euthanasia. By initialing, you agree to be responsible for all fees incurred including administrative costs/attorney fees necessary to collect on your account.

Agree\* \_\_\_\_\_

## BOARDING CONSENT:

I agree to pay in full for all services rendered, including those unforeseen medical or surgical complications. I acknowledge that Allphin Veterinary Clinic is not staffed 24 hours a day. I understand that reasonable precautions will be used to prevent injury or escape and that Allphin Veterinary Clinic and its staff will not be held liable provided reasonable care and precautions are followed.

Agree\* \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_  
First Last

Phone:( ) \_\_\_\_\_

Emergency Contact (Other): \_\_\_\_\_  
First Last

Phone:( ) \_\_\_\_\_

**DISCLAIMER:** In the best interest of your pet, we do not board any puppies under six months of age. For our luxury boarding we highly recommend the pet be at least two years of age. Owners will be responsible for any damages caused by there pet and may lose the full deposit. If your pet is younger than two, management will have to approve boarding. We appreciate your cooperation and want to provide the best care possible for your beloved pets!

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

By typing your name you are providing your electronic signature