

Boarding Authorization Form

Please complete once and we will keep on file

Owner's Name: <client>, <contact>

Pet's Name: <animal>

Check-In Date: <check-in>
out>

Discharge Date: <check-

I, the undersigned owner or designated agent, of the above listed pet hereby authorize Western Veterinary Hospital, (hereinafter "WVH") to board my pet during the dates listed above. I also hereby authorize WVH to perform the Services indicated on the accompanying Boarding Information Sheet (BIS) while my pet is boarding.

Vaccinations & Parasite Control

All animals entering the hospital must be current on core vaccinations as well as have a negative fecal test as outlined on the accompanying BIS. If not, the patient will be examined and vaccinated at the owner's expense. All animals must also be free of external parasites or they will be treated at the owner's expense.

PLEASE READ AND INITIAL ALL PARAGRAPHS

_____ I understand and accept that upon admission, each guest will be flea combed and evaluated for fleas or flea dirt. If fleas or flea dirt are found, my pet will be treated with Capstar and NexGard (for dogs) or Capstar and Advantage II (for cats) at my expense.

_____ I understand that my pet must be current and up to date with the core vaccinations as outlined on the BIS, and authorize WVH to administer any required vaccinations to my pet if necessary during the duration of their stay. I also understand that this service may result in an exam being necessary, and I agree to accept full financial responsibility for any additional charges for necessary vaccinations and services. I also understand that if my canine companion has been vaccinated for Bordetella less than 3 weeks prior to boarding, but I elect to board him/her anyway, that I will not hold WVH responsible if he/she develops Bordetellosis (kennel cough).

_____ The only exception to this requirement regarding my pet being fully vaccinated will be if my pet has a specific Medical condition that would prevent them from safely being vaccinated, in which case it will have been pre-approved by the doctors at WVH, to accept my companion, knowing this in advance. Understanding the risks involved with boarding an unvaccinated animal, I willfully declare and agree to release WVH of any and all liability and responsibility should my pet contract a condition that could have been prevented with a vaccination, as I made the decision to board my companion with WVH knowing they accommodate other animals in the same area as my unvaccinated pet will be housed in.

_____ While WVH is requiring all boarded animals to take the same precautions to minimize the risk of cross contamination and the spreading of contagions while they are being boarded, I understand that this possibility and risk are always going to be present, and I assume responsibility for choosing to board my animal at WVH, thus releasing WVH of liability should my pet become sick or ill while in their care.

_____ WVH understands that many animals develop stress induced diarrhea while they are being boarded and are away from home. It is because of this that WVH offers a safe and effective non-prescription treatment that will help clear up minor cases of diarrhea without the use of prescription medications. By initialing on this line, I am giving WVH my consent to treat my companion with their veterinarian approved method of treatment in order to correct this condition in my animal should he/she develop diarrhea, and my authorization to apply the charge for the medication to my pets boarding bill. I also understand that should my companion have a more extensive case of diarrhea that needs additional treatment or prescription medications, those additional services and fees will apply.

_____ In the event that my companion needs medical treatment during their boarding stay, and I cannot be reached via
phone for authorization within a reasonable timeframe (dependant on the circumstance) – not to exceed 4 hours. I give consent and authorization for the emergency contact (listed on the BIS) to make medical/treatment decisions on my behalf in my absence for my companion. I also agree to assume all financial responsibilities for my pet's medical treatment and authorize WVH to administer treatment up to the amount of \$ _____ as the veterinarian deems necessary without the need to obtain any further verbal consent directly from me.

Medical Treatment Permission & Authorization

_____ I authorize the veterinarians of WVH to perform any necessary services should an **emergency situation** arise, to
include sedation as required in order to stabilize my pet until I (or my emergency contact) can be reached.

_____ I understand that the medical staff of WVH will attempt to contact me to authorize treatment of incidental
ailments such as ear infections, which may occur during my companion's stay. I am aware that additional charges including doctor exam fee and medications will apply.

General Boarding Authorization

_____ While WVH will do their best to take care of my pet's personal belonging (such as toys), I understand that
these items may become lost, damaged, or destroyed during my pet's stay, and it is with that understanding that I
agree and accept that WVH is not responsible for mishaps with or the loss of personal items.

_____ I also understand and acknowledge that the Hospital is not staffed 24 hours a day.

_____ I accept full financial responsibility for the boarding fees for my pet as well as any charges for services or treatments as outlined and selected on the Boarding Information Sheet as well as any medical treatments needed by my pet. I also understand that payment in full is expected at the time of discharge when I come to pick up my pet.

_____ If I do not pick up my pet within five (5) days of the scheduled pick up date, WVH will assume the animal is abandoned. If the animal is abandoned, WVH is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

Signature

<date>