



Boarding Consent Form

great pets deserve great care

Client ID:

Owner:

Patient Name:

Date In:

Date Out:

We do not provide after business hours pickup or discharges. Pets not picked up by closing will be charged for an additional day. We understand that all pets not picked up w/in 10 days after the expected date of pick-up will be considered abandoned.

Kennel Type Reserved: Will your pets be sharing a kennel? (Pets sharing kennels cannot be seperated for feeding.)

How often, and how much, should we feed your pet?

Any procedures / grooming / bathing while boarded?

All animals boarding at Craig Road Animal Hospital are required to have proof of current vaccinations. **Dogs** must be vaccinated for Distemper / Parvovirus, Bordetella, and Canine Influenza annually, Rabies, and have a current intestinal parasite / fecal test. **Cats** must be vaccinated with an upper respiratory combo vaccine and against feline leukemia annually, Rabies, and have a current intestinal parasite / fecal test.

We only except vaccines given by a licensed veterinarian, all others will be void. **These are minimum vaccination requirements and are necessary for the safety of all animals, and staff, at Craig Road Animal Hospital.** I grant permission and accept financial responsibility for any necessary vaccines that are required by Craig Road Animal Hospital.

- I understand that all precautions will be used against injury, escape, or death of my pet. The hospital and staff will not be held liable for problems that develop, provided that reasonable care and precautions have been followed.
- I understand that I am financially responsible for all charges that are acquired for treatments preformed to my pet. I understand that all payment in full is required at the time of pick-up for all services rendered during my pets stay.
- If services are required for a medical issue, I approve up to or equal to \$
- If my pet is found to be aggressive and / or dangerous to the staff or other animals, I will make arrangements to pick-up my pet immediately and all financial costs will be my responsibility.
- Craig Road Animal Hospital is not responsible for any personal items that are lost or destroyed while boarding. We recommend not leaving any items here.

Does your pet have any medical issues, medications or supplements?

If you cannot be reached by phone, do we have permission to treat and perform diagnostics if the doctor feels that these tests and treatment are necessary?

_____ *YES -please perform testing or treatment without my consent*

_____ *NO - I do not want any testing or treatment without my consent*

CPR / Life Threatening Events

By consenting to this service, you are acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the veterinarian's discretion. If I cannot be reached by phone within 30 minutes of CPR being initiated and my pet is unable to support cardiac or respiratory function on their own, I authorize the doctor on duty to make the decision to discontinue CPR which may result in my pet's death. I grant permission for emergency treatments needed while my pet is boarding.

_____ **I agree** to heroic measures, including CPR, in case of a life-threatening emergency.

_____ **I elect a "Do Not Resuscitate" status** in case of a life-threatening emergency.

Owners Signature:

Emergency Contact Form:

Additional Emergency Contact Name:

Phone number

Craig Road Animal Hospital Use Only Treatment plan created by: _____ Verified by: _____