



great pets deserve great care

Boarding Consent Form

5051 W Craig RD
Las Vegas NV 89130-2730
(702) 645-0331
www.craigrd.com

Client ID:

Owner:
Date in:

Patient Name:
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! I 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 separated 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 and up-to-date on Distemper/Parvovirus, Bordetella, and Rabies, and have a current intestinal parasite / fecal test. **Cats** must be vaccinated and up-to-date on an upper respiratory combo vaccine and 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.

To protect the health and safety of your pet and all pets, our Veterinarians recommend keeping up-to-date on the influenza vaccine. Would you like to get the Influenza vaccine today? ☐ Yes ☐ No

(If this is the 1st Influenza your pet has had, it will need to have a booster in 2-4 weeks, to make it a annual vaccine.)

- 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 performed to my pet. I understand that all payment in full is required at the time of pick-up for all services rendered during my pet's 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?

Does your pet have any concerns at home?(Not eating, drinking, coughing, vomiting, diarrhea, poss. ear infections, etc)

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 Number(s): _____

Additional Emergency Contact Name: _____

Phone Number: _____