

Client: _____
I.D.# : _____

Alta Rancho
Pet & Bird Hospital

Pet: _____
Wt: _____

AUTHORIZATION for BOARDING

I, <Contact> <Client> do hereby give my consent & permission for Alta Rancho Pet Hospital (ARPH) and its agents to board my pet:
Name: <Animal> **Species:** <Species> **Breed:** <Breed> **Sex:** <Sex> **Weight:** <weight>
for the period from: ____ / ____ / ____ to ____ / ____ / ____ . I intend to pick up my pet at ____ AM PM Not Certain

PRE-BOARDING REQUIREMENTS:

Vaccinations: In order to ensure your pet's safety as well as the other pets boarding with us, we require that your pet has been vaccinated against the common infectious diseases which pose a risk to them. We require proof of vaccination by a licensed veterinarian (owner administered vaccinations are not accepted) for the following diseases:

Dogs: *Distemper, Parvovirus, Coronavirus, Bordetella, & Rabies* **Cats:** *Distemper & Chlamydia (Leukemia, FIP and Rabies Recommended)*

If your pet is overdue for vaccination or proof of current vaccination is not available, vaccines will be administered by our staff at our normal fees prior to admission.

EXTERNAL PARASITE CONTROL: In order to maintain a parasite free environment, all pets will be inspected at the time of admission for the presence of external parasites. If any are found, your pet will be sprayed for parasites prior to admission at a fee of \$5.00-\$8.00 depending on size and severity of infestation. Alternately you may chose to have your pet Bathed and Dipped at 10% off our normal fee.

For your added convenience, we offer a full range of veterinary and grooming services to you while your pet is boarding with us. Please indicate which (if any) of the following services you would like us to perform:

- | | | | | |
|--|---------------------------------------|--|--|---|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Dental Cleaning | <input type="checkbox"/> Stool Examination | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Bath & Dip | <input type="checkbox"/> Grooming | <input type="checkbox"/> Medicated Bath | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Micro Chip Implant |

PERSONAL BELONGINGS: We know how important it is for many owners to leave personal belongings with their pets during boarding. Due to limitations in space, we ask that you limit the personal belongings to no more than two items. **We are not responsible for loss or damage to any personal belongings.** Please list belongings below:

FEEDING PREFERENCES: We feed our boarders Hill's Prescription Diets. This is an exceptionally well balanced and tasty food that most pets thrive on. We know that some animals are a bit finicky and may have special tastes or special medically prescribed diets. If your pet falls into this category, please list the type of food, amount and frequency of feeding that he/she is used to. If we carry that food in stock, we can dispense it for your pet at the normal cost. If we do not carry the food, feel free to bring your own supply and we will gladly feed it to your pet:

Diet: _____ Amount: _____ Frequency: _____

PLAY TIME: When boarding here, your pet is taken for a walk (dogs) 2 times daily. Certain pets need even more attention and we can provide individualized play time for your pet. During this time, your pet will be given individual attention in the form of extra petting and loving, light jogging, and playing fetch if interested. Play dates are available at \$5.00 per 15 minute session and can be scheduled with the reception staff.

ILLNESS DURING BOARDING: In the event that my pet develops any condition which requires medical attention while boarding, (including but not limited to diarrhea, vomiting, coughing, sneezing, self trauma, & seizures) I hereby give permission for Alta Rancho Pet & Bird Hospital and/or its agents to evaluate the problem and initiate necessary medical diagnostics and treatment if I can not be reached for verbal authorization.

I understand that in the event of a **life-threatening emergency**, it may become necessary to transport my pet to and from the Emergency Clinic for overnight, and/or weekend observation and treatment. If this situation should arise (**please check one**):

I Do Do not Consent to use of off-premises emergency services for my pet.

I realize that by accepting this option, I take responsibility for all fees incurred at the emergency clinic, transportation fees as well as any medical services performed at this hospital. I understand that if I refuse this service, I take full responsibility for the consequences to my pet and relieve ARPH and/or its agents from any liability. In addition, I realize that this waiver refers only to the use of off-premises emergency services and does not limit my responsibility for emergency services performed at ARPH. I understand that I will be charged for any of the above mentioned services in addition to the fees for boarding according to the normal hospital fee schedule.

FINANCIAL RESPONSIBILITY: I understand that a deposit of 75% of the estimated boarding fee is required upon admission and that the **balance of payment is due and payable prior to the release of my pet.** I understand that payment for services is due in the form of cash, money order, traveler's check, visa, Master card, Discover Card, American Express or ATM Debit Cards. Due to problems we have experienced with check payments for boarding **Checks will not be accepted for boarding deposits or payments.**

During the period of Boarding, I will be able to be reached at the following telephone number(s):

Primary Phone: _____ Alternate Phone: _____ Best time to contact: _____

Owner: _____ Date: _____ Staff: _____

Date: _____

Comments: _____

Holiday Boarding Authorization Addendum

In order to avoid any miscommunication or problems, which have arisen in the past concerning weekend and holiday discharges, we have developed this addendum to our boarding authorization form. Please read it and sign it at the bottom.

Our practice is closed on all Sundays and

Monday Tuesday Wednesday Thursday Friday Saturday,

The _____ of _____, in observance of

New Year's Day Easter Memorial Day Independence Day

Labor Day Thanksgiving Christmas

Other: _____

We will not be able to accommodate boarding or medical discharges on Sunday or the Holiday listed above. Please do not call or arrive at the practice anticipating the release of your pet as the workers scheduled for these times are strictly animal care attendants and are not trained nor authorized to release your pet to you.

We apologize for any inconvenience this policy may cause you, however, we have found it necessary to ensure the smooth operation of our facility.

I understand the policy listed above and agree not to request discharge of my pet at any time other than normal business hours.

Signed: _____

Date: _____