

CONCORD VETERINARY HOSPITAL BOARDING AGREEMENT

REVIEWED BY _____

OWNER _____

PLEASE TAKE A FEW MOMENTS TO REVIEW THE FOLLOWING IMPORTANT HOSPITAL POLICIES. OUR GOAL IS TO MAKE YOUR PET'S VISIT AS ENJOYABLE AND "HOME LIKE" AS POSSIBLE.

"CHECK OUT TIME" POLICY

If your pet is not receiving a bath or groom on "pick-up day", check-out time is 2 p.m. in order to avoid a boarding fee for that day.

TOYS, TREATS AND BEDDING POLICY

We provide bedding for your dog to lie on, treats, chew toys, water bowls, food bowls, leashes and hospital identification collars. We discourage owners from leaving their pet(s)' personal bedding, towels, toys, leashes, collars, clothing items, etc. If you should choose to leave any of the above items, every effort will be made to return them to you. **However, we cannot assume responsibility for lost or damaged items.**

VACCINATION POLICY

To protect your pet(s) and all other pets under our care, we require current vaccinations/lab tests (performed by a licensed veterinarian) for the following:

DOGS

DA2PPL
RABIES
FECAL EXAM
HEARTWORM TEST
BORDETELLA
LEPTO – Doctor's discretion
Canine Influenza Combo

CATS

FVRCP
RABIES

We also require that all boarding pets are free of both internal and external parasites (fleas, ticks, worms, etc.)

How would you like your pet walked while he/she is boarding:

____ Off leash whenever possible ____ on a leash at all times

MY SIGNATURE BELOW GIVES CONCORD VETERINARY HOSPITAL PERMISSION TO UPDATE MY PET(S)' VACCINATIONS AND TREAT THEM FOR ALL INTERNAL/EXTERNAL PARASITES IN ACCORDANCE WITH THE ABOVE POLICY.

I UNDERSTAND THE INFORMATION PRESENTED IN THIS CONSENT FORM. I FURTHER UNDERSTAND THAT THE OPTIONS I HAVE CHOSEN WILL REMAIN IN EFFECT UNTIL SUCH TIME AS I SIGN A NEW BOARDING AGREEMENT.

(Pet owner or Agent's signature)

(Date)

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at our hospital is that a veterinarian is readily available during normal business hours. On the rare occasion that an emergency occurs after hours, our pet care staff will contact our veterinarian on call to assess the situation. If your pet requires emergency care at this time, there will need to be a contact person available locally to help transfer them to the ER. If one of your pet(s) should require veterinary attention during normal business hours while boarding and one of our veterinarians are available, please choose one of the following options:

PLEASE INDICATE ONLY ONE OF THE FOLLOWING OPTIONS

A _____ Please do whatever is needed without calling me.

B _____ Please do whatever is needed up to \$ _____ in addition to what was authorized at drop off without calling me.

C _____ Please call me at the emergency number I will provide each time I board my pet before administering any medical treatment.

IF FOR ANY REASON YOU CAN'T REACH ME:

- a) _____ Perform whatever procedures are needed.
- b) _____ Do whatever is needed up to \$ _____.
- c) _____ Do only what was authorized at drop off. I give permission for emergency, life-saving medical procedures only.

D _____ Please do not administer any medical treatment other than emergency, life-saving procedures.

THIS OPTION IS AVAILABLE ONLY WITH PRIOR APPROVAL OF DOCTOR

E _____ Due to advance age, debilitated condition, and/or terminal illness, do not administer life-saving treatment to my pet _____. At the dr.'s discretion, I authorize euthanasia of the above mentioned pet to prevent needless suffering.