

BOARDING AGREEMENT

For Your Pet's Health

• Medical Illness Policy:

One of the advantages of boarding your pet(s) at a Veterinary Hospital is that veterinary care is readily available should the need arise.

1. Please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition. Emergencies will be treated regardless.

_____ I authorize up to \$_____.
No phone call is needed if medical expenses are within this limit.
OR
_____ Do not give any medical treatment until i have been contacted.
(valid emergency # has been provided).

2. Please indicate your wishes concerning after hours care.

_____ If my pet becomes critically ill while here and needs after hours care, I authorize my pet to be transported and treated at the Emergency Clinic. I understand this charge will be added to my bill.
OR
_____ I decline option, do not treat.

_____ I understand I will be charged for the day I come in for boarding and when picking up. If I pick up before noon I will not be charged for that day **or** if my pet is being bathed or groomed on the discharge date I will not be charged for the last day. Note: Pick up time will be arranged with bath/groom department.

_____ I fully understand that my animal will be treated for flea infestations at my expense if deemed necessary during boarding.

_____ I fully understand that my animal will be given a clean-up bath at my expense if deemed necessary during boarding.

_____ I fully understand that if my animal requires medication or treatment to be administered while boarding, I will be charged an additional \$5.75 per day. **Ear cleanings are \$11.90 each.**

_____ I understand that if my pet is not eating while boarding, canned food will be offered to my pet, to encourage eating, at my expense.

_____ I understand that Allatoona Animal Hospital is not responsible for any items (toys, blankets, beds, etc.) left here.

OWNER OR AGENT OF PET(S)

DATE

Please initial here if what you have indicated above still applies.

DATE _____ INITIALS _____

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