

# Boarding Admission

Owner's Name: \_\_\_\_\_

Patient: \_\_\_\_\_

Emergency phone #1: \_\_\_\_\_

Emergency phone #2: \_\_\_\_\_

CHECK IN DATE: \_\_\_\_\_ CHECK OUT DATE: \_\_\_\_\_ Price/Nightly: \_\_\_\_\_

Would you like a bath for your pet? (Price dependent on weight) \_\_\_\_\_

**Medical Condition:**

Medical condition that we need to be aware of? \_\_\_\_\_

Medication to be given:

Rx: \_\_\_\_\_ Directions: \_\_\_\_\_ Begin: \_\_\_\_\_

Rx: \_\_\_\_\_ Directions: \_\_\_\_\_ Begin: \_\_\_\_\_

Rx: \_\_\_\_\_ Directions: \_\_\_\_\_ Begin: \_\_\_\_\_

**Diet Instructions:**  Rancho Village Provided  Client provided diet

Feeding Instructions: \_\_\_\_\_

**Personal Items being left with:**

\_\_\_\_\_

**Receptionist Instructions to the Doctor:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ANNUAL OWNER RELEASE BOARDING FORM

I understand you cannot guarantee the health of my pet and I understand and will not hold the hospital responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

I understand that in the event of an illness with my pet, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

### If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that Rancho Village Veterinary Hospital is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The hospital is to use all reasonable precaution against injury, escape, or death of my pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet has been abandoned and are hereby authorized to dispose of as you deem best and/or necessary.

**I understand there is an additional charge for any pet deemed aggressive during the boarding period.**

Date: \_\_\_\_\_

Owner / Agent: \_\_\_\_\_