

Park Place Animal Hospital -- Boarding Agreement

Client Name: _____			
Contact Phone: _____			
Agent Name: _____		Agent Phone: _____	
Pets name: _____	Check-in Date: _____	Check-out Date: _____	Pick-up Time: _____

Please ensure that your designated agent is aware that you have given us his/her name, and is willing and able to make decisions regarding the care and well-being of your pet.

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, becomes the property of Park Place Animal Hospital and handled per our best judgment.

Initial: _____ ALL PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION BY A DOCTOR OF Park Place Animal Hospital and their vaccinations for Distemper/Upper Respiratory, Rabies, bordetella as well as a Feline Leukemia Virus (FeLV) test. If your pet is past due, your pet will be examined and given the necessary vaccinations or test upon admission, and current charges will apply. THEY MUST BE FREE OF EXTERNAL PARASITES, and pets found to have evidence of parasites will be treated at the owner's expense. If your pet has special dietary needs or preferences, you must provide the food or it may be provided at current charges.

You must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates.

Please list any/all medications below, their dosages and instructions

Medication Name	Dosage Amount	Dosage Instructions	Time Last Given?

Special Instructions (please initial each line that applies)

Unless otherwise instructed your pet will receive Royal Canin Low Fat Dry Diet. If your pet has other dietary needs, please provide the food.

_____ I have special dietary instructions for my pet. Please specify: _____

_____ I am leaving personal belongings with my pet. Please list: _____

Staff Use Only

Boarding Type

- Complete Care with Medical Supervision** for \$45.00 a night is provided for those pets that have extensive special needs. They will receive close monitoring by our trained staff of medical professionals during the hospital's normal hours.
- Complete Care for Diabetic Pets** for \$30.00 for cats and up to 33.00 for dogs a night is provided to those pets who are diabetic and require insulin injections and/or special monitoring. Up to two insulin injections per day are included.

Additional Boarding Services

- Administration of oral or transdermal medications** is provided at \$5.00 for up to two medication administrations twice a day with owner provided medications. For additional medications, or medications administered more frequently, the charge is \$5.00 per day.
- Administration of injectable medications** provided by the client is performed at \$5.00 for one injection per day. For multiple injections or injections administered more than once daily, the charge is \$5.00 per injection per day. There is no additional fee for up to two insulin injections per day for diabetic cats/dogs.

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Park Place Animal Hospital to care for and treat said pet. If an emergency arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my cat. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize the Park Place Animal Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Park Place Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my pet may need to have another procedure at a future date at my expense.

Authorized Signature: _____ **Date:** _____