



Staff Initial: _____
Date: _____

Pet Name: _____

Drop-Off Date: _____

Last Name: _____

Pick-Up Date: _____

PLEASE CHECK ALL THAT APPLY:

- My pet displays aggressive behaviors toward people.
- My pet displays aggressive behaviors toward other pets.
- My pet tears up/eats bedding.
- My pet tears up/eats toys.
- My pet will have personal belongings that I have provided from home.
**We are not responsible for any personal belongings left with your pet during their stay.*

For multiple pets:

- My pets need to be boarded separately.
- My pets need to be boarded together.

FEEDING

- Please feed my pet hospital food.
**No additional charge.*

How much and how often:

- Please feed food provided.

The next time my pet needs to be fed is:

For multiple pets:

- My pets need to be fed separately.
- My pets can be fed together.

SERVICES

- My pet requires medication.
**Additional charges applied.*

Medication, dosage, and dispensing instructions:

- My pet requires medical services – exam, vaccinations, etc.
**Additional charges applied.*

Please describe:

- If available, I would like my pet to be groomed.
**Additional charges applied.*

SPECIAL NOTES: Any additional information you would like us to be aware of regarding your pet:

BOARDING FEES AND GUIDELINES

Full day boarding charges apply after 12:00pm, Monday –Saturday.

Sunday pick up is from 2pm – 4pm only. Full day boarding charges apply.

Owner Initial _____ Staff initial _____

Emergency and Lifesaving Procedures

It is the nature of emergency medicine that situations which cannot be predicted and which requires emergency treatment may arise. In those situation, treatment often must be initiated immediately and without the veterinarian having the time to contact the owner. Because of this we require all owners to state their wishes with regard the options below:

I wish for CPR to be performed on my pet if they suffer from cardiac or respiratory arrest. I understand my pet may pass away despite CPR. I understand the initial fee for CPR is between \$100 to \$300 dollars.

I DO NOT want CPR to be performed by the medical staff on my pet. I understand if my pet goes into cardiac arrest my pet will pass away without CPR.

In the event your pet becomes sick we will attempt to contact you or your listed emergency contacts. By listing an emergency contact you give them authorization to make all decisions about your pet if you cannot be reached. If we cannot contact you or your emergency contact(s) or in the event an emergency occurs, you give permission for the doctors and staff at Elm Point Animal Hospital to provide whatever medical and/or surgical treatment is necessary for your pet and understand that you agree to accept responsibility for all fees. You understand that if your pet becomes sick or requires emergency care, there is no guarantee of a favorable outcome and you will still be responsible for all fees. You agree to release Elm Point Hospital and its doctors and staff of all liability associated with boarding your pet.

I CAN BE REACHED AT THIS TELEPHONE NUMBER(S) : _____

EMERGENCY CONTACT: _____ Telephone Number _____

LEGAL OWNERSHIP & RESPONSIBILITY

You certify that you are the legal owner of the pet(s) being boarded or an authorized representative for the legal owner and as such will accept full legal and financial responsibility. As the owner you assume all risks, dangers and responsibility for injuries to your dog while its stay at Elm Point Animal Hospital boarding facility _____(initials).

You understand and agrees that during normal dog play, your dog may sustain injuries. All dogs play is monitored to avoid injury, but scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. _____(initials)

You understand and agree that neither Elm Point Animal Hospital nor any of its employees or staff, will be liable for any illness, injury and /or death of your dog provided that reasonable care and precautions are followed, therefore you hereby release all of them of any liability of any kind whatsoever arising from or because of your dog(s) attending or participating at Elm Point Animal Hospital boarding facility _____(initials)

You understand that your pet(s) will only be released to you or your authorized representative(s) named below.

AUTHORIZED REPRESENTATIVE(S): _____ (please print)

I have read, fully understand and agree to the conditions of the Boarding Liability Release and Regulations form.

Signature of owner or authorized agent

Date: