

2488 Rocky Ridge Road
Birmingham, Al 35243
(205) 823-3898

Rocky Ridge Animal Clinic And Pet Hotel

Roger T. Dieguez, DVM
Renessa J. Linstromberg, DVM

Consent Form for Boarding

Pet's Name(s): _____ Client's Name: _____

Emergency Contact(s): _____

Can your dog jump fences? _____ Can your pet open gates/cages? _____

Is your pet aggressive to other animals/people? _____

Boarded pets must be picked up during the following hours: 7:30 am - 6:00 pm Mon - Fri, 8:00 am - 12:45 pm Sat, and 6:00 pm - 7:00 pm Sun. Sunday pick up is \$10. All pets receiving baths or grooms should be picked up no earlier than 3:00 pm unless otherwise specified. The receptionist **cannot** guarantee a specific pick up time for a groom. Discharges after hours are not allowed. Personal items may be left at your own risk. We are not responsible for lost, damaged, or soiled bedding. Fleece bed rentals are available, inquire at the front desk. **Rocky Ridge Animal Clinic** cannot guarantee your pet will be 100% flea free upon leaving, however, every animal entering the kennel will be checked for fleas and ticks, and a flea adulticide will be administered at owner's expense if any fleas are noted.

Rocky Ridge Animal Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I do not hold this facility liable for any injury or illness that should affect my pet while boarding, or conditions often unavoidable in boarding environments, including, but not limited to, diarrhea and weight loss. Should the pet(s) identified on this record become ill, I request that **Rocky Ridge Animal Clinic** provide all medical/surgical treatment it deems necessary. I acknowledge that, in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or my agents) can be reached, provided that said treatment does not exceed \$_____. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and costs with the attending veterinarian.

I agree to make complete payment to **Rocky Ridge Animal Clinic** at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification, my pet will be considered abandoned and will be handled in accordance with Alabama state law, and that doing so does not relieve me of my financial obligations.

I have read and agree to the above

Signature of Owner

Date