

Boarding Agreement

The Animal Doctor

1705 W. Tenth Ave.

Broomfield, CO 80020

303.466.8888 (phone)

303.466.0723 (fax)

www.theanimaldoctor.vetsuite.com

Owner: _____ Boarding Dates: _____

Pets: _____ Grooming/Surgery Date: _____

_____ Grooming/Surgery Date: _____

_____ Grooming/Surgery Date: _____

_____ Grooming/Surgery Date: _____

Emergency Contact: _____

Phone #1: _____ Phone #2: _____

FOR YOUR PET'S HEALTH

Vaccination Policy _____ (please initial to show you have read and understand our vaccination policy)

To insure the protection of all pets in our care, a physical exam and vaccinations must be current unless otherwise determined by a veterinarian:

Dogs: Rabies, DHPP, Bordatella Cats: Rabies, FVRCP

In addition, if any external parasites are observed on your pet(s) while boarding, he/she will receive a medicated bath at the owner's expense.

Medical Illness Policy _____ (please initial to show you have read and understand our medical illness policy)

One of the advantages of boarding your pet(s) at a veterinary clinic is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) above regarding your pet's clinical signs, treatment options, and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ In the event of a life-threatening emergency, I authorize **immediate** medical intervention for my pet. Should my pet need life-support, I **DO / DO NOT** want resuscitation efforts.

_____ I authorize up to \$_____ in medical care for my pet(s) until someone can be reached.

_____ I do not authorize any emergency efforts for my pet in a life-threatening situation. In refusing medical treatments, I grant permission for humane euthanasia for my pet.

My initials and signature indicate that I have read and understood this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the veterinarian of a new pickup date. **If I do not pick up my pet or contact The Animal Doctor within three weeks of my scheduled pick-up date, I shall be considered to have relinquished my pet and it can be put up for adoption.**

Furthermore, I acknowledge that there is the possibility of injury or death when animals are boarded in the same cage and I will not hold The Animal Doctor, it's owner or employees responsible for any injury or death to my pet(s).

Date: _____ Owner/Agent: _____

Date/Initials: _____ Date/Initials: _____

Date/Initials: _____ Date/Initials: _____

Date/Initials: _____ Date/Initials: _____

Date/Initials: _____ Date/Initials: _____

Date/Initials: _____ Date/Initials: _____

Date/Initials: _____ Date/Initials: _____