



I.D.:

BOARDING RELEASE AND AUTHORIZATION AGREEMENT

Pets discharged after 12:00pm are assessed another day of boarding.

Vaccinations and fecal must be current. Pets must be free of external parasites.

Client: _____ Patient: _____

Arrival Date ____ / ____ / ____ AM PM Species: _____

Departure Date ____ / ____ / ____ AM PM Breed: _____ M F

EMERGENCY INFORMATION

Where are you staying? _____

Phone Number(s) to Reach you: _____

Alternate Contact Name _____ Phone _____

PLEASE INDICATE ANY ITEMS YOU ARE LEAVING WITH YOUR PET. WE MAKE EVERY EFFORT TO KEEP TRACK OF ITEMS YOU LEAVE BUT WE CANNOT GUARANTEE THEIR SAFE RETURN.

(Items can get lost in the laundry, and pets often chew apart toys and bedding). PLEASE DO NOT LEAVE ANY ITEMS THAT ARE OF SPECIAL VALUE.

- None Leash Carrier Toy Blanket Towel Bed Own Food Other _____
- (Descriptions) _____

PET INFORMATION:

- How much/what do you normally feed your pet? _____
- Medications: None Yes - please list: _____
- Other Special Instructions: _____

HAS YOUR PET SHOWN ANY RECENT SIGNS OF NOT FEELING WELL?

- No Yes: **An examination by the doctor is required before leaving your pet.**

DO YOU WANT ANY OTHER SERVICES PERFORMED WHILE YOUR PET IS STAYING WITH US?

- No Nail trim Bath Demat / Comb Out Express Anal Sacs Microchip
- Other _____

MEDICAL CARE WHILE BOARDING:

Our staff will routinely check all pets while in the hospital. If health concerns arise while boarding, your pet will be treated as deemed appropriate by the doctor on duty. All fees for services will be payable at the time of discharge. _____ **Client /Client's Representative (initials)**

The undersigned client/owner understands there is no Hawthorne Hills Veterinary Hospital (HHVH) staff or doctor on permanent duty at HHVH after business hours. The HHVH will exercise all reasonable precautions against the illness, injury or escape of the boarder/patient. In case of emergency, the HHVH will make reasonable effort to contact the undersigned. Should the HHVH not be able to establish contact, the undersigned authorizes the HHVH medical staff to administer to the boarder/patient the necessary medical treatment, including surgical intervention, and agrees to pay all costs for the necessary medical treatment and services of the boarder/patient.

UNCLAIMED PETS:

Should the boarder/patient remain unclaimed after the departure date without any subsequent instructions or notification from the client/owner, written notice will be sent by certified mail to the undersigned client/owner that the boarder/patient will be considered abandoned seven (7) days following the day the notice is sent. In the case of abandonment, the undersigned authorizes HHVH to place the boarder/patient in another home or location and/or dispose of the boarder/patient as deemed best by HHVH. The undersigned client/owner understands that abandonment of the boarder/patient does not relieve the undersigned from paying all costs of boarding, medical treatment or services.

I have read and understand this agreement, and understand that it will remain in effect while the boarder/patient is boarding at the Hawthorne Hills Veterinary Hospital.

Signature of Client/Owner

Date