

Dunkirk Animal Hospital

Consent for Boarding / Kenneling

Client ID: _____ Client Name: _____
Patient ID: _____ Patient Name: _____ Age: _____ Sex: _____ Weight: _____
Client Address: _____

Admit date: _____

Expected discharge date: _____

Pre-existing condition(s): _____

Diet: _____
(we will make every attempt to accomodate your pet's dietary requirements, but some requests may not be possible)

Current medication(s) (names, dosages, and frequency): _____

Vaccinations current (DAPP/FRCPC, Rabies, Bordetella)? (Circle one) **YES** **NO** (new clients must provide proof of vaccinations)

Telephone Number (s): _____

Consent for Boarding / Kenneling

I am the owner or agent of the above animal and have the authority to execute this consent. I certify that I am eighteen years of age or older. I hereby consent and authorize my pet(s) to be kenneled at Dunkirk Animal Hospital.

Boarding / Kenneling Policies

(1) All animals must be current on vaccinations. (2) All animals must be free of external parasites (i.e. ticks, fleas, etc.) or they will be treated at the owner's expense. (3) If a tranquilizer is necessary for treatment or handling, Dunkirk Animal Hospital has my permission to administer such medication. (4) Dunkirk Animal Hospital does not provide 24 hour supervision. (5) Discharges after hours are not permitted. (6) Personal items are left at your own risk. We are not responsible for any loss or damage. (7) I certify, to the best of my knowledge, that my pet appears free from contagious disease. (8) Please designate one adult member of the family/household to handle all communication. (9) Dunkirk Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. As the owner, I understand that Dunkirk Animal hospital cannot not be held liable for conditions that are often unavoidable in boarding environments, including, but not limited to, weight loss, "kennel cough" (tracheobronchitis), upper respiratory infections, diarrhea, or external parasites. (10) In the event that the pet identified upon this record becomes ill, I request that Dunkirk Animal Hospital provide all the necessary medical and/or surgical treatment(s). I acknowledge that in the event of my pet's illness, the staff of Dunkirk Animal Hospital may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or the pet's agent can be contacted. I agree to pay all related expenses associated with the care and treatment of my pet until I am available to discuss further care and fees with the attending veterinarian. (11) I understand that if I fail to pick up my pet within five days of the expected discharge date without appropriate notification and financial arrangements being made, my pet will be considered abandoned and will be handled in accordance with Maryland state law, and that doing so does not relieve me of my financial obligations. (12) As an owner, I understand that if I elect to board a puppy or kitten with no vaccination history or an incomplete vaccination schedule, that my pet will be at an increased risk for illness and that Dunkirk Animal Hospital cannot guarantee my pet's health.

Explanation of Financial Responsibility

It is the responsibility of the owner / agent to request an estimate for costs of services. Due to the highly variable and unpredictable nature of an animal's care, total fees for services rendered and products provided at the time of your pet's discharge may differ from the provided estimate. **I understand I assume financial responsibility for all services rendered and products provided and that full payment, via cash, credit card, or check, is due at the time of the animal's discharge.** I understand that delinquent accounts are subject to interest at a rate of 1.5% per month with a processing fee of \$5.00 In the event my account is delinquent I agree to pay an additional 15% for attorney's fees. I understand that I may be required to pay a deposit.

I have read and fully understand the terms and conditions set forth above.

Signature of owner / agent: _____

Print name: _____

Date: _____