

Dunkirk Animal Hospital

CONSENT FOR BOARDING



Client ID: _____ Date: _____
Client Name: _____
Client Address: _____
Client Telephone: _____

Patient ID: _____
Patient Name: _____
Patient Age: _____
Patient Gender: _____
Patient Species: _____
Patient Breed: _____
Patient Weight: _____



Admit Date: _____

Expected Discharge Date: _____



Best telephone number(s) to contact you: _____

Procedure(s) to be performed: _____

Diet: _____

Do you want bedding provided for your pet? **YES NO**

Dunkirk Animal Hospital is not responsible if your pet ingests any bedding and for any subsequent complications.

Pre-existing condition(s): _____

Current medication(s): _____

Vaccinations (DAP/FRCP/Rabies, Bordetella) current: **YES NO**

If no, what vaccinations are to be administered: _____



CONSENT FOR BOARDING

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 AND 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 pet (including puppies and kittens) 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. (13) Pets picked up after 1:00 pm will be charged a full day of boarding.



EXPLANATION OF FINANCIAL RESPONSIBILITY

Payment is due at the time of service. Dunkirk Animal Hospital (DAH) does not bill. DAH accepts cash, personal checks, and credit cards (Visa, MasterCard, American Express, and Discover). DAH requires a driver's license number on all personal checks. I understand that I may be required to pay a deposit. 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 reaction or response to diagnostic(s), procedure(s), operation(s), and/or medication(s), total fees for services rendered and products provided at the time of your pet's discharge may differ from the provided estimate. I acknowledge and accept full financial responsibility for all services rendered and any products provided and understand that full payment, via cash, credit cards, or check is due at the time of my pet'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. I acknowledge that in the event of default the balance may be placed with a collection agency. In the event that legal action is required, I agree to pay for reasonable attorney's fees and court costs.

I understand that Dunkirk Animal Hospital is not responsible for any accidental illness or injury incurred by my pet(s) beyond the control of the staff while visiting or hospitalized at Dunkirk Animal Hospital.

I certify that the information that I have provided is correct to the best of my knowledge. I certify that I have read and fully understand the terms and conditions set forth above.

Signature: _____

Date: