

# Boarding Consent Form

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ File#: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

In order to establish a safe and healthy environment for all participants in its boarding program, this facility requires that all **dogs** have up-to-date proof of **Rabies, Distemper/Parvo and Bordetella**, and that all **cats** have up-to-date proof of **Rabies and FVRCP**. We also require boarding pets to be flea/tick free. If signs of flea/ticks are present, owners will be financially responsible for flea/tick prevention administered while boarding. Pets that are so young that they have not completed their entire series of vaccines may not yet be fully protected and, thus, owners of these pets must accept any risks of infection.

I verify that the above-named pets are in good health and to my knowledge have not shown clinical signs of any communicable disease within the last 14 days. I further certify that my pet(s) have not caused harm to or shown aggressive or threatening behavior towards people or dogs. By initialing each section, I confirm that I have read and understand the following:

\_\_\_\_\_ 1. I understand that any required vaccines or preventatives that I do not have proof of will be done at my expense. These are required for the health and safety of my pet and other pets that use the same general areas.

\_\_\_\_\_ 2. I understand that I will be charged an additional fee of **\$5.00/day** for medications my pet receives while boarding. If I did not bring the needed medication a new prescription along with any necessary exams or blood tests will be done.

\_\_\_\_\_ 3. In the event my dog/cat contracts a communicable disease during the time he/she is attending this program, I assume the risks and accept responsibility for the costs for all treatments. I also agree to withhold my dog from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring communicable disease are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

\_\_\_\_\_ 4. I understand and agree that if the need arises, emergency medical care for my pet will be sought at Eastside Animal Hospital and I agree to medical treatment of my pet and to pay all reasonable costs for such treatment. I have been informed that someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me. If I am unable to be contacted you have the right to administer aid as appropriate, using available Eastside Animal Hospital Veterinary team.

\_\_\_\_\_ 5. Daily boarding charges begin the evening my pet is left with Eastside Animal Hospital and shall be at the rate then enforced. I agree to notify the hospital in advance if there are any changes in the date my pet is to be picked up. No boarding pet will be released until all charges are paid in full. In the event that my pet is not picked up or paid for by seven days from the schedule day of pick up I understand my pet will be considered abandoned. I authorize Eastside Animal Hospital to take action if deemed necessary. I shall be responsible for all charges that have been incurred in this process.

\_\_\_\_\_ 6. I understand and give authorization for Eastside Animal Hospital to take pictures/videos of my pet in play or otherwise. I agree and authorize Eastside Animal Hospital to use all pictures/videos in any way deemed fit for advertising purposes or communication/updates via all social media, print, video, etc. Eastside Animal Hospital will own these pictures and have all copyright ownership of the picture/video(s).

I have read this consent form and understand, allow my signature to reflect the acknowledgement, acceptance and liability to reflect myself and all members of my family.

Signature \_\_\_\_\_ Date: \_\_\_\_\_