



Dogwood Veterinary Hospital & Laser Center Annual Boarding Consent

Owners Name: _____ Pet's Name: _____ Phone: _____

Start Date: _____ Email: _____

Vaccinations: Must have up to date records 3 days prior to boarding. An estimate will be provided at the time of drop off to reflect if your pet is due or coming due for any of these requirements.

Canines:

- DHPP – annually
- Rabies – annually
- Bordetella – annually
- Wellness – annually (minimum)
- Heartworm Test – annually
- Fecal – Bi-annually
- (Must be dropped off 2 days prior to boarding)

Felines

- Rabies – annually
- FVRCP – annually
- Wellness – annually (minimum)
- Fecal – Bi-annually (Must be dropped off 2 days prior to boarding)

<input type="checkbox"/> Wellness Exam/Senior	<input type="checkbox"/> Microchip	<input type="checkbox"/> Fecal Exam	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Anal Gland Expression	<input type="checkbox"/> Shed Control	<input type="checkbox"/> Boarding Bath	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Clean Ears

Allergies or Health Concerns: Please list any allergies or health concerns we would need to know about.

Bedding and Toys: While all reasonable precautions will be taken to ensure pet's safety, Dogwood Veterinary Hospital will not be held liable for injury to the pet resulting from pet's destruction and/or ingestion of bedding materials or toys provided by you. Dogwood Veterinary Hospital and Laser Center is also not responsible for the loss of bedding material and toys if owner has provided them for their pet.

House Breaking Policy: If your pet gets dirty or has an accident in his kennel he will be bathed for sanitary purposes. If this happens more than once there will be a \$20 charge per bath. _____ Additional baths can be scheduled at the time of drop off with the kennel technician. **Baths include nail trim, clean ears and anal gland expression at a discounted rate and must be asked for individually.**

Aggressive Pet Policy: If your pet is determined aggressive (causes a threat to our staff/other animals), you will be required to come back and pick up the pet or authorize a friend to pick him/her up and required to pay the balance at the time of pick-up (additional charges may apply) _____

Owners are responsible for any damage your pet may cause to the kennel or hospital property while staying with us. _____

Medications: Please provide any medications your pet needs to be on while boarding. If a pet runs out of long term medications while they are boarding then the kennel staff will refill this medication at the owner's expense. _____

Please fill out Boarding Medication Form if your pet is on medications.

ABANDONMENT: Please notify us if there is any change of plans in your pet's scheduled release date. If you do not notify us of a change in your pet's departure date and we do not hear from you or are unable to contact you or your authorized agent for a period of 4 days after your pet's scheduled release date, the Hospital will consider your pet abandoned according to the animal abandonment laws in this state. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the Hospital as a result of the abandonment. _____

Emergency Medical Treatment: If a pet boarding with us develops a non-systematic illness (e.g. diarrhea), Dogwood Veterinary Hospital has the right to treat at the expense of the owner. In the event of a medical emergency, we will try and get in contact with the owner but if we cannot, treatment will be performed at the owner's expense. We will also treat any external parasites (flea/tick) if found on your pet. _____ **We will try our best to get in contact with you before starting any treatment besides treatment for external/internal parasites.**

Emergency Contact information: Please provide a local number of someone who can make medical decisions on your behalf, your phone number and your email address.

Local # _____

Owner's # _____

Owners email _____

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize Dogwood Veterinary Hospital, its owners, veterinarians, personnel and agents to groom, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said animal or other animals and hereby agrees to pay the customary charges for such treatments. The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Dogwood Veterinary Hospital and its authorized agents and professionals. This agreement releases Dogwood Veterinary Hospital & Laser Center from all liability relating to injuries or illness that may occur while your pet is with us.

Signature: _____ Date: _____

Initial: _____

Date: _____