

Boarding Consent Form

Client Name: _____

Patient's Name: _____

Client #: _____

Breed: _____

Clients Phone Number: _____

Emergency Contact: _____

Drop Off Date: _____

Emergency Phone #: _____

Pick Up Date: _____

I certify that I own the above described animal. I authorize the boarding, flea treatment, and vaccinations to be done as required.

Boarding Requirements and Charges

1). Fees: Cats: \$17.50/day Dogs: 0-25lbs. \$17.50/day 76-100lbs. \$20.50/day
26-50lbs. \$18.50/day 100+lbs. \$21.50/day
51-75lbs. \$19.50/day

2). Flea treatment: \$13.25. All boarding pets must be treated for fleas, if flea dirt or fleas are present.

3). Vaccinations: All pets are required to be up to date on the following:

<u>Dogs</u> :	Distemper/Parvo Combo	\$35.00	<u>Cats</u> :	Feline Distemper Combo	\$35.00
	Leptospirosis	\$18.00		Rabies	\$35.00
	Rabies	\$25.00			
	Bordetella	\$19.75			

4). Medications: If your pet needs to receive any medication for any reason (including heartworm preventative, antibiotics, etc.) you must bring the medication in with a label including the animals name and instructions for using the medication.

We charge \$2.00 for each medication administered each day. You will NOT be charged for administering heartworm preventative. If any medication is administered from the clinic supply, you will be charged for the medication plus the administering fee of \$2.00. **Client Initial:** _____

5). I authorize the medications/food to be administered as indicated.

6). I understand the doctor hours are from 8am-12pm and 2pm to 6pm Monday through Friday. Saturday doctor hours are 8am-2pm. I understand that all other hours there may not be a veterinarian providing continuous care.

1). **Feeding Instructions:** Food: _____

Instructions: _____

Has the patient eaten today? _____

2). **Medication Instructions:** Medication 1: _____

Medication 2: _____

Have medication(s) been given today: _____

3). **Has Flea Preventative been applied in the last 30 days?** _____

Disclosure Statement: I, the undersigned, hereby acknowledge that, by signing below, I am entering into a binding agreement with Churchland Animal Clinic ("Churchland") authorizing Churchland to provide boarding and/or veterinary services to my animal(s). I understand that Churchland (if requested) may provide an initial estimate of costs, but upon further examination and/or diagnosis, the final cost may exceed the initial estimate if additional or unforeseen medical problems arise, are discovered, or if additional services are needed, including but not limited to examinations, x-rays, medications, tests and treatments.

I understand that, in the event of unforeseen circumstances, Churchland will make efforts to obtain my permission or that of my authorized agent, but that treatment will be at Churchland's discretion.

Owners/Agent Signature _____

I agree (i) to be financially responsible for all costs, including, without limitation, emergency procedures, (ii) that all fees are due at the time services are rendered, (iii) that any past due accounts will be charged a finance charge of 1.5% monthly, (iv) that any account requiring outside collection will be charged all collection fees incurred by Churchland and (v) attorney's fees not to exceed 33.33% of the total account balance shall be added to any account requiring the assistance of an attorney.

Owners/Agent Signature: _____

You are welcome to leave toys and blankets for your pet while boarding; however, due to circumstances beyond our control (such as chewing, soiling, or laundry constraints) we cannot guarantee their safe return. We do provide blankets and towels for your pets comfort during their stay. We appreciate your understanding.