



## Boarding Admission Form

Owners name \_\_\_\_\_

Pet's Name \_\_\_\_\_ (dog/cat)

Check in date \_\_\_\_\_

Pet's Name \_\_\_\_\_ (dog/cat)

Discharge date \_\_\_\_\_

Pet's Name \_\_\_\_\_ (dog/cat)

\_\_\_\_\_ Initials

### Medical/Illness Policy

All pets entering this boarding facility must be protected against all preventable communicable diseases and be free of internal and external parasites (intestinal worms; fleas; ticks). If any intestinal/external parasites, fleas, or ticks are detected at any time during your pet's stay with us, I understand they will receive treatment at my expense. Should a medical emergency arise or my pet becomes ill in my absence, I understand my pet will be examined by a veterinarian and appropriate treatment will be provided. I understand if I seek medical care for any condition, and/or my pet receives any medical care, I will assume full financial responsibility. I understand there are additional fees if my pet requires medication to be administered.

\_\_\_\_\_ Initials

### General Boarding Requirements

If my pet is found to be aggressive and dangerous to the staff or other animals, and sedation is deemed necessary for treatment or handling, I authorized the staff to administer such treatment. If the pet must be separated from the general population and put into quarantine. I am aware additional charges will be applied. I understand if requesting a bath prior to my pet's departure there may be additional fees depending on how long my pet stays.

I **AM requesting** a bath prior to my pet leaving

I **DECLINING** a bath prior to my pet leaving

\_\_\_\_\_ Initials

### Abandoned Pets

If I neglect to retrieve my pet within 5 days of the agreed date of discharge, we will consider your pet abandoned and will become property of Eagle Animal Hospital. If we are unable to contact you, Eagle Animal Hospital will make arrangements for placement or humane care including possible euthanasia. By initialing, you agree to be responsible for all fees incurred including administrative costs/attorney fees necessary to collect on your account.

\_\_\_\_\_ Initials

### Boarding Consent

I agree to pay in full for all services rendered, including those unforeseen medical or surgical complications. I acknowledge that Eagle Animal Hospital is not staffed 24 hours a day. I understand that reasonable precautions will be used to prevent injury or escape and that Eagle Animal Hospital and its staff will not be held liable provided reasonable care and precautions are followed.

Emergency contact numbers (Name) \_\_\_\_\_

(Number) \_\_\_\_\_

(Name) \_\_\_\_\_

(Number) \_\_\_\_\_

Signature of Owner/Agent

\_\_\_\_\_