

ARK ANIMAL HOSPITAL

Hospital and/or Boarding Consent Form

The following is our policy for all pets hospitalized and/or boarding at our facility:

- 1) Dogs must have been vaccinated within the last 36 months against Rabies, DHLPP and Parvo. Bordetella and Fecal test (intestinal parasite test) within the last 6 months.
- 2) Cats must have been vaccinated within the last 36 months against Rabies, FVRCP and Panleukopenia. Fecal test (intestinal parasite test) within the last 6 months.
- 3) It is the owner's responsibility to provide us with proof of the above information. Any pet not current on vaccinations and a fecal test will be brought up to date upon admittance. This is for your pet's protection.
- 4) If fleas or ticks are present upon admittance, the pet will be treated immediately and charged accordingly.
- 5) **If your pet should soil himself while boarding, a bath will be given, even if declined below at an additional charge. After five nights of boarding all dogs will receive a bath at owners expense**
- 6) There is a fee of \$3.13 per dosing session for any medication administered during your pet's stay.
- 7) Permission is granted for the veterinarian to treat the pet if any problem should arise.
- 8) All hospitalized and boarding pets will be admitted and released to their owner during routine office hours, NO EXCEPTIONS!
- 9) If the pet should injure itself in an escape attempt, become ill, or die while in the care of Ark Animal Hospital, I shall not hold the hospital or the staff responsible and/or liable in the absence of gross negligence.
- 10) **The hospital and staff are not responsible for the return of personal items.**
- 11) All services/procedures performed while hospitalized/boarding are at the owner's expense.
- 12) Boarding which is unscheduled, especially during heavy boarding periods, will be charged an additional \$35.00 per day/night.

Pet's Name: _____ **Admittance Date:** _____ **Discharge Date:** _____

Medication: No Yes Please provide explicit details of product name & instructions on the back

Does your pet play well with others: Yes No **Would you like supervised play time?** Yes No

Diet: Hospital Own food and amount _____

Treatments: Annual Wellness Examination Semi-Annual Examination
 Check Skin Check Ears Anal Glands Nail Trim
 Flush and Clean Ears Microchip Other _____

Grooming: Bath (includes shampoo, conditioner, nail trim, clean ears) Grooming Hot Oil Treatment
 Brush Teeth Carding (removes undercoat) Anal glands Flush and Clean ears

Refills: Heartworm Prevention Flea Control Other _____

Any recent problems, such as diarrhea, vomiting, itchy skin, coughing sneezing: No Yes
(please explain) _____

Emergency Contact Name and Number(s): _____

I have read and agree to the policies and information listed above. I am responsible for payment in full at the time the pet is discharged. I also understand in the case of non-payment, a finance charge of 1.5% per month (18% per annum) will be charged and any collection fees or attorney fees will be paid by me.

Printed Name and Signature of Owner: