

Office Use: RECEPTIONIST: _____ TECHNICIAN: _____
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Boarding Agreement

Owner's Name \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

Drop Off Date \_\_\_\_\_ Pickup Date \_\_\_\_\_ Time \_\_\_\_\_

Pet's Name \_\_\_\_\_ Canine / Feline

Inside Pet  Outside Pet  Climber

**VACCINATIONS:** For your pet's protection and the protection of all our boarding and hospitalized pets, we REQUIRE that your pet's vaccinations, fecal tests and heartworm tests are current. Unless proof of medical care is available upon admission, necessary vaccinations/tests will be performed at the owner's expense. PLEASE NOTE: VACCINATIONS/TESTS MUST BE PERFORMED BY A CURRENTLY LICENSED VETERINARIAN.

**EXTERNAL/INTERNAL PARASITES:** We ask that pets be clean and free of external parasites (fleas, ticks, etc.) AND internal parasites. If your pet enters with either internal or external parasites, we reserve the right to treat at your expense.

**BATHING:** Should it become medically necessary to bathe your pet, we will attempt to contact you for permission, however in the event that we are unable to reach you and it is determined that a bath is medically necessary, a bath will be done and added to your bill.

**PERSONAL ITEMS:** Please do not bring items with your pet, we cannot accept any personal belongings such as bedding, food bowls or toys. All these items are provided for your pet at no additional cost to you. If you wish to upgrade your pets bedding to a fleece "Snuggle Bed" please indicate below. It is safest for our facility to use our toys that are marketed as indestructible and are able to be sanitized. In some cases it may be possible for you to leave a favorite toy for your pet to use during "Playtime" if you have selected playtime sessions for your pet.

**COMMUNICABLE DISEASES:** All pets coming into the hospital are fully vaccinated however, it is still possible for a pet to become ill, even if vaccinated. While your pet is staying with us, he or she may come into contact with other pets depending on the services you purchase. This is not due to any circumstance or condition at Hemlock Bluffs Animal Hospital and you agree that you will not hold us liable in the event your pet becomes ill during its stay.

**CONTACT WITH OTHER PETS:** If you choose community Playtime, you acknowledge and agree that in the unlikely event that another pet injures your pet, or if your pet injures another pet, that you will not hold Hemlock Bluffs Animal Hospital responsible for the injury.

**BOARDING HOURS (drop off and pick up)** are from 7:30 am to 5:30 pm Monday-Friday and 8:30 am to 11:30 pm Saturday (We are closed the first Saturday of every month and on Holidays. We will also be closed the Day after Thanksgiving. We do not have Sunday pick up. Drop off and pickup must take place during regular office hours.

I have read all of the above information \_\_\_\_\_ Initial

PLEASE INDICATE IF YOU WOULD LIKE ANY ADDITIONAL PROCEDURES DONE DURING YOUR PET'S STAY WITH US:

	Yes	No			
Examination	<input type="checkbox"/>	<input type="checkbox"/>	Routine exam	<input type="checkbox"/>	Sick exam <input type="checkbox"/> Wellness Exam <input type="checkbox"/>
Bath (Clean ears, anal glands and nail trim included.)	<input type="checkbox"/>	<input type="checkbox"/>			
<b>½ price after 5 days</b>					
Groom- bath/cut w/Groomer	<input type="checkbox"/>	<input type="checkbox"/>			
Routine Medications needed	<input type="checkbox"/>	<input type="checkbox"/>	Frontline single	<input type="checkbox"/> 3pk <input type="checkbox"/> 6pk <input type="checkbox"/>	Triheart 6pk <input type="checkbox"/> 12pk <input type="checkbox"/>
Nail Trim only	<input type="checkbox"/>	<input type="checkbox"/>			

LIST ANY CURRENT MEDICAL PROBLEMS OR ANY CONDITIONS THAT WE SHOULD BE AWARE OF OR Write "NONE":

\_\_\_\_\_  
\_\_\_\_\_

IS YOUR PET CURRENTLY ON ANY MEDICATION? \*\* Yes / No If yes, please list medications and time last given:

Medications: \_\_\_\_\_ Last given \_\_\_\_\_ \*PLEASE NOTE THERE IS AN ADDITIONAL FEE OF \$3.09 PER DAY TO ADMINISTER MEDICATIONS. YOU MUST BRING ALL MEDICATIONS WITH YOU FOR ADMINISTRATION OR WE WILL CHARGE APPROPRIATELY FOR USING OUR IN HOUSE PHARMACY. \_\_\_\_\_ Initial

I UNDERSTAND THAT ANY PROBLEMS REQUIRING A VETERINARIAN'S ATTENTION WILL RESULT IN MY BEING CHARGED AN EXAMINATION FEE PLUS ANY ADDITIONAL FEES FOR TREATMENT AND MEDICATIONS. \_\_\_\_\_ Initial

HAS YOUR PET DISPLAYED ANY DESTRUCTIVE TYPE BEHAVIORS IN THE PAST THAT WOULD PREVENT US FROM PUTTING FUZZY BLANKETS OR TOYS IN THE CAGE? Yes / No

**BEDDING ACCOMODATIONS SELECT ONE:**

STANDARD PACKAGE ½ inch thick fleece blanket

Or

COMFORT PLUS PACKAGE: (\$2.00 additional per day  
Lambs wool lined "Snuggle" bed recommended especially  
for older pets)

**FOOD INSTRUCTIONS:**

THE HOSPITAL FEEDS A PURINA VETERINARY DIET E/N UNLESS YOU PROVIDE AN ALTERNATIVE FOOD.

I AM SUPPLYING MY PET'S DIET (Food must be packaged in individual Ziploc bags with the pet's name and time of feeding clearly written on the outside of each bag.)

PLEASE FEED THE PURINA DIET E/N

\*\*\*If your pet is on a prescription food you will need to provide enough food for the duration of your pets stay.

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**BOARDING CONSENT**

I am the owner or agent for the owner of the described animal and have the authority to execute this consent.

I understand that I assume total financial responsibility for all services rendered and any and all collection fees.

If my pet(s) are not picked up on the agreed upon date, I hereby authorize you to continue to provide the daily services set forth in this agreement and that I assume all financial charges for these additional services.

In the event of abandoning my pet, I hereby authorize Hemlock Bluffs Animal Hospital to humanely dispose of such pet ten (10) days after **written notice** of such abandonment is sent to the owner's address.

To the best of my knowledge my pet has no illness or behavior problem (including aggressive or biting behavior) that has not been disclosed to you in writing.

I understand and am aware of the staffing and non-staffing hours and have signed a disclosure form.

I hereby agree to release Hemlock Bluffs Animal Hospital from any liability for illness, injury, loss or death of my pet from any cause other than their negligent acts or omissions.

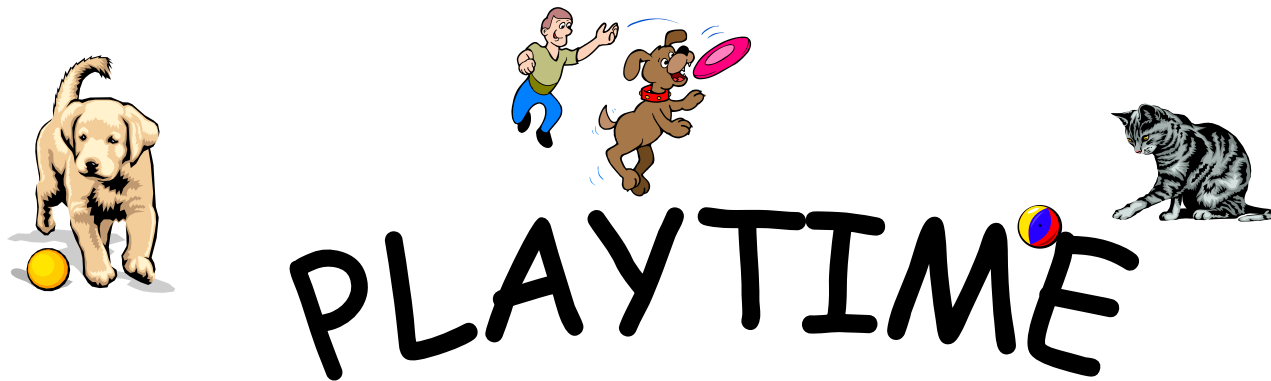
**I have read, understand, and authorize this entire consent form with my signature.**

Signature

Date

Time

We look forward to having your pet stay with us. We will do all we can to make his/her stay as pleasant as possible!



# PLAYTIME

Dog playtime is a chance for your dog to have interaction with other dogs and our kennel staff in our fenced in play area. Cat playtime is an opportunity for your cat to have interactive and individual playtime in an open indoor area with lots of toys, scratching posts, and hiding places.

Please take a moment to select or decline this option.

Play time is a 20 minute session per day

I would like my pet to have playtime with other pets (\$8.22)

My pet does not play well with other pets, but I would like individual playtime with a staff member (\$8.22)

My pet is a cat and I would like him/her to have playtime (Playtime is indoor only)

Please select the number of sessions that you want your pet to have during his/her stay with Hemlock Bluffs Animal Hospital:

1 session per day

1 session every other day

1 session during entire visit

other \_\_\_\_\_

\*\*\*\*\*

I do not want my pet to have individual playtime during his/her boarding.

All reasonable precautions are taken by Hemlock Bluffs Animal Hospital to prevent injury or illness to all pets in our care. I acknowledge and agree that in the unlikely event that my pet is injured by another pet or if my pet injures another pet that I will not hold Hemlock Bluffs Animal Hospital responsible for the injury. I understand that although all pets in the facility are fully vaccinated, it is still possible for my pet to become ill, as no vaccine is 100% effective. This is not due to any circumstance or condition at Hemlock Bluffs Animal Hospital and I agree that I will not hold Hemlock Bluffs Animal Hospital liable in the event my pet becomes ill during or after it's stay in the kennel.

\_\_\_\_\_  
Signature \_\_\_\_\_ date



## DENTAL RELEASE FORM

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

### RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform a dental cleaning and anesthesia upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** Specifically I understand that because of the nature of general anesthesia, one of the possible risks includes death. I understand that if I have questions regarding the surgical procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

### REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

BLOOD WORK      Staff check here if blood work already done- \_\_\_\_\_

Pre-anesthetic blood work is **strongly recommended**. Blood work helps our doctors to determine if the organs necessary for processing anesthesia are in good health. **If your pet is UNDER 7 YEARS, you may choose whether or not he/she has pre-anesthetic blood work. If your pet is 7 YEARS OR OLDER, pre-anesthetic blood work is required.**

I choose the pre-anesthetic blood work and understand there is an additional \$80.70 charge.

My pet is under 7 years of age and I do not want blood work performed.

### IV CATHETERIZATION AND FLUIDS

Placing an IV catheter and administering warm IV fluids during surgery helps to decrease surgical recovery time and allows immediate access to a vein for life-saving procedures if an emergency arises.

**An IV catheter is optional with a routine dental cleaning, however, if any additional procedures are necessary, such as extractions or surgical procedures, an IV catheter is required.**

I want my pet to have an IV catheter and fluids and understand there is an additional \$43.01 fee.

I do not want my pet to have an IV catheter and fluids.

### EXTRACTIONS

In the event that we are unable to contact you at either phone number and we find that tooth/teeth extractions are necessary please indicate your wishes

Please perform the necessary extractions       Do not perform the necessary extractions

### ADDITIONAL PROCEDURES IF DESIRED

\_\_\_\_ Nail trim    \_\_\_\_ Ear cleaning    \_\_\_\_ Microchip (**\$10 off when under anesthesia**) \_\_\_\_\_ other  
(write in)

### **YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:**

Emergency # \_\_\_\_\_

Add'l emergency # \_\_\_\_\_



# PROCEDURE RELEASE FORM

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

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

## RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform \_\_\_\_\_ upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

## ANESTHETICS AND SEDATIVES

If sedatives, IV anesthesia or general anesthesia are used for this procedure, I understand that there is an inherent risk in using these medications due to the fact that any sedative has effects on the cardiovascular system. In addition, *though rare*, adverse reactions can occur which may result in permanent physical deficits or death.

## REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

## PRE-ANESTHETIC/PRE-SEDATIVE BLOOD WORK

Blood work is **strongly recommended** if any anesthetics or sedatives will be used. Blood work helps our doctors to determine if the organs necessary for processing anesthetic drugs are in good health and helps to decrease the chance of complications.

I choose the pre-anesthetic/pre-sedative blood work and understand there is an additional \$80.70 charge.

I decline the blood work.

## ADDITIONAL PROCEDURES IF DESIRED

\_\_\_ *Nail trim* \_\_\_ *Ear cleaning* \_\_\_ *Microchip (\$10 off if under anesthesia)* \_\_\_\_\_ *other*  
(write in)

## **YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:**

**Emergency #** \_\_\_\_\_ **Additional Emergency #** \_\_\_\_\_

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) \_\_\_\_\_. I understand that full payment is due at time of pickup and if I want an estimate for the procedure I must request that now.

\_\_\_\_\_ **SIGNATURE**

## SURGICAL RELEASE FORM

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

### RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform \_\_\_\_\_ upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

### ANESTHETICS AND SEDATIVES

If sedatives, IV anesthesia or general anesthesia are used for this procedure, I understand that there is an inherent risk in using these medications due to the fact that any sedative has effects on the cardiovascular system. In addition, *though rare*, adverse reactions can occur which may result in permanent physical deficits or death.

### BLOOD WORK Staff check here if blood work already done- \_\_\_\_\_

Pre-anesthetic blood work is **strongly recommended**. Blood work helps our doctors to determine if the organs necessary for processing anesthesia are in good health and helps us to determine a relative risk for anesthesia. If your pet is **UNDER 7 YEARS**, you may choose whether or not he/she has pre-anesthetic blood work. **If your pet is 7 YEARS OR OLDER, pre-anesthetic blood work is required prior to surgery.**

\_\_\_\_\_ I choose the pre-anesthetic blood work and understand there is an additional \$80.70 charge.  
\_\_\_\_\_ I decline the pre-anesthetic blood work.

### IV CATHETERIZATION AND FLUIDS

Placing an IV catheter and administering warm IV fluids during surgery helps to decrease surgical recovery time and allows immediate access to a vein for life-saving procedures if an emergency arises.

\_\_\_\_\_ I want my pet to have an IV catheter and fluids and understand there is an additional \$43.01 fee.  
\_\_\_\_\_ I decline the IV catheter and fluids.

### USE OF SURGICAL LASER WITH SPAYS & NEUTERS

A surgical laser "seals" nerves and vessels as it makes an incision thereby decreasing post operative discomfort and bleeding. The laser fee is \$70.12 for a neuter, \$75.52 for a spay.

\_\_\_\_\_ I elect the use of the surgical laser and understand the additional fee stated above.  
\_\_\_\_\_ I decline the use of the surgical laser.

### REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

### ADDITIONAL PROCEDURES IF DESIRED

\_\_\_\_\_ Nail trim \_\_\_\_\_ Ear cleaning \_\_\_\_\_ Microchip (**\$10 off when under anesthesia**) \_\_\_\_\_ other (write in)

### **YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:**

**Emergency #** \_\_\_\_\_ **Add'l emergency #** \_\_\_\_\_

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) \_\_\_\_\_ . I understand that full payment is due at time of pickup.

\_\_\_\_\_ **SIGNATURE**