



# BOARDING CONSENT FORM

Client Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pet Name: \_\_\_\_\_ Pick Up Date \_\_\_\_\_

Medical Services Requested (additional charges will apply)

- Physical Exam – Specify problem \_\_\_\_\_
- Update Annual Vaccines (if within 2 months of expiring)
- Dental Cleaning
- Spay/Neuter Surgery
- Other: Specify \_\_\_\_\_

## OWNER RELEASE

I understand that in the event of my pet's illness, the staff of Heartland Animal Center will *immediately attempt* to contact me or my agent to discuss the problem and the treatment options. The Center is authorized to initiate appropriate treatment in a *life threatening situation* until myself or my agent can be reached.

**I understand that certain vaccinations are required annually for boarding in your facility. These vaccines include Rabies and DA2PP for dogs and FCRC and Rabies for cats. I understand that Bordetella (Kennel Cough) vaccine is required every 6 months for both cats and dogs. I understand that if my pet's record reflects that my pet is not up-to-date on these vaccines, the appropriate vaccines will be given to my pet. Additional charges will be added to my bill and I will be responsible for those charges.**

I understand that **ALL** pets that are boarding are given an oral flea treatment called "Capstar." This flea medication does not affect any medication that your pet may be taking now. All boarders receive this treatment to ensure a flea-free facility.

**There will be a one-time charge for each pet, per boarding visit for Capstar.**

I understand and will not hold the Center responsible for conditions such as weight loss, hair loss, upper respiratory infections, bronchitis, broken toe nails, and/or diarrhea. I also will not hold liable for loss, damage, injury, or death. I understand ALL pets admitted to this facility must be protected against communicable, contagious diseases and must be free of parasites.

Signature

Date

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