

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of the hospital to treat, prescribe for, or operate upon my pet/s while they are being boarded at the hospital. If this is the case, I do understand that I am fully responsible for the cost of all the medical care. I also understand and agree to pay for these services when my pet is picked up.

The clinic is to use all responsible precautions against illness, injury, or escape of my pet/s, but they will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, or safe keeping of my pet/s, as it is thoroughly understood that I assume all risks. Additionally I have been advised that boarding services are prepaid.

Should the circumstances arise that my pet/s remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address I have provided on record. Seven days after such written notice the pet/s will be considered abandoned and may be disposed of or destroyed, as the hospital deems best. I further understand that such action will not relieve me from paying all costs of the services, including the cost of the boarding service. Additionally, I have been made aware that my pet/s is/are to be picked up by 3 pm on the pickup day. Otherwise, additional boarding charges may be added to the invoice.

My pet has been fully vaccinated within the last 12 months. If I cannot show proof of required vaccinations, then I give permission for the hospital to administer vaccinations required for the boarding of my pet/s. If my pet/s require/s nutritions/medications to be administered while under clinic care, I understand and agree to pay a \$3.87 prescription administration fee per pet per day plus the cost of special food (if needed). This will be an addition to the boarding fee.

I authorize the clinic to give my pet a low cost bath (\$19.04) if my pet soils its body with dirt, mud, urine, feces, etc. I therefore agree to pay for the cost of the bath if it is needed.

IF FLEAS ARE OBSERVED ON MY PET, I AUTHORIZE THE KENNEL PERSONNEL TO GIVE MY PET A LOW COST BATH AND FLEA DIP (\$30.82). I AGREE TO PAY FOR THE COST OF THIS SERVICE.

In the event my canine is in "heat", I agree to the additional charge of \$30.88 to be added to the boarding fee to cover the separate kennel and walking accommodations that are required.

I have read and understand the authorization and consent. _____

Begin boarding date _____ End boarding date _____

Telephone number where the owner can be reached _____

Mailing address where the owner can be reached (if extended stay):

Date _____ Owner/authorized person of owner _____