PATIENT NAME _____ AGE _____ BREED _____
CLIENT NAME AND LAST NAME: _____

Boarding Consent Form

Drop off day and time _____
Pick up day and time _____

In order to establish a safe and healthy environment for all boarding patients, **this facility requires pets have up-to-date proof of the following vaccinations/testing:**

Dogs: Rabies, Distemper/Parvo, Kennel Cough, and Fecal Test
Cats: Rabies and FVRCP

Pets that are so young that they have not completed their inoculations may not yet be fully protected and, thus, owners of these pets must accept risks of infection.

I verify _____ is in good health and to my knowledge have not shown any signs of communicable disease within the past 14 days. By initialing each section, I confirm I have read and understand the following:

_____ **1.** In the event my pet contracts a communicable disease during their stay, I assume risks and responsibility for the costs of all treatments. Although the risks if acquiring a communicable disease are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses occurring during treatment.

_____ **2.** I understand if the need arises, emergency medical care for my pet will be sought from Breckinridge Park Animal Hospital and I agree to medical treatment of my pet and to pay all reasonable costs for such treatment. I have been informed someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me. If I am unable to be contacted, you have the right to administer aid as appropriate, using available Breckinridge Park Animal Hospital Veterinary team.

Emergency Contact: _____ Emergency Contact Phone Number:_____

I have read this consent and understand; allow my signature to reflect the acknowledgement, acceptance, and liability for myself, all members of my family, and authorized agents.

Printed Name: _____ Signature: _____Date:_____

Non-Owner Release

To protect our clientele and pets, written permission must be given upon arrival for patients to be released to someone other than the owner. Payment for all services rendered is required at time of pick up. For your convenience, we are able to store a credit card on file to be ran at the time of pick up. If you do not wish to leave a credit card on file, please send payment with the authorized individual picking up. **We accept Visa, MasterCard, Discover, Cash, or Check. We do not accept American Express.**

Please print:

I, _____, authorize the release of _____ to _____ upon completion of medical procedures and/or boarding.

Contact number of person picking up:_____

PATIENT NAME _____ **AGE** _____ **BREED** _____
CLIENT NAME AND LAST NAME: _____

Boarding Consent and Release Form REQUIRED NOTICE: LACK OVERNIGHT STAFFING

Breckinridge Park Animal Hospital (the "Facility"), as is allowed by Texas law, does not employ on-site personnel during the hours listed below. All animals boarded at the Facility will be left unattended during those times.

5:30 PM – 8:00 AM Monday through Saturday
12:00 PM Saturday – 8:00 AM Monday staff will come in to attend to boarding animals every 12 hours

OWNER CONSENT AND RELEASE FOR DOG OR CAT TO BE LEFT UNATTENDED DURING BOARDING

I, the client, give my consent for the pet named above to be boarded at the Facility. I acknowledge that I have received and read the Facility's notice on its lack of overnight staffing. I understand and acknowledge that the Facility is unstaffed between the hours specified in the notice and that my pet will be left unattended during those times during their boarding stay. By signing this consent form, I agree to release the Facility, its owners, employees and agents from any and all liabilities, claims or expenses arising from my pet's boarding stay, including but not limited to injuries, illnesses or death. I have read and understood the statements outlined in the notice and in this consent form and release. I voluntarily consent to my pet staying at the Facility and acknowledge that I am solely responsible for any consequences that might arise during their stay.

Diet
Would you like your pet to eat the clinic diet or will you provide your pet with their own diet?

- Clinic diet ☐
- Owners diet ☐
- How much should we feed _____
- Any food allergies _____
- How often?

once a day _____ twice a day _____ three times per day _____

Microchip: I would like my pet microchip implanted. (includes activation and registration) **YES** ☐ **NO** ☐

Please list your pet's medication, dosage and frequency to be administered

_____
_____
_____
_____

Anxiety medications - **YES** ❑ **NO** ❑
If your pet experiences anxiety while boarding do you approve for our veterinarians to prescribe anti-anxiety medications for your pet? Medication can only be prescribed for current BPAH patients. (Additional cost $23.50)

Client's Signature: _____
Date: _____