

BOARDING CONSENT FORM

Pet's Name.....

Owners Name.....

I confirm that my pet (referred to above) is current on the required vaccinations and has had a negative stool sample within the last year. I understand that if any parasites such as fleas or intestinal parasites are noted, they will be treated while my pet is boarding and I understand that I will be financially responsible for such treatment.

In the event that the pet referred to above is/are not claimed by the person giving this consent within ten (10) days of completion of treatment and convalescence or of any ancillary service provided by Harris Animal Hospital, the pet shall be deemed to have been abandoned and Harris Animal Hospital shall be entitled to transfer the pet to an animal shelter or to a third party owner. Harris Animal Hospital waives its lien rights under the Repair and Storage Liens Act.

In order to ensure the best possible care for your pet while boarding with us, we request the following information:

*** EMERGENCY CONTACT PERSON AND PHONE NUMBER**

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* In the event of an unexpected medical problem while boarding and if unable to contact myself, or the designated person authorized on my behalf, I authorize the veterinary staff of the Harris Animal Hospital to provide the medical / surgical care necessary to treat my pet until I return. I understand that I am giving the veterinary staff full authority to act on my behalf in the best and humane interest of my pet including euthanasia, if that is deemed an appropriate decision by the attending veterinarian. I understand that I will be financially responsible for any costs incurred for such emergency, not to exceed \$_____.

*** SPECIAL NOTES**

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● **OWNERS SIGNATURE:**.....

● **DATE:**.....

(FOR LATER BOARDING DATES THAN ORIGINALLY SIGNED FOR):

"I confirm that the information previously written on this form is true and I agree with all that is written on this form."

INITIAL & DATE:.....

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