

BRIGADOON ANIMAL HOSPITAL BOARDING CONSENT FORM

Date: _____

Client ID: _____

Client Name: _____

Pet(s) Name: _____

Primary Contact Number: _____

Secondary Number: _____

Emergency Contact (EC): _____

EC Phone Number: _____

Other individuals authorized to pick up in your absence: _____

Thank you for entrusting the care of your pet(s) with us while you are away. If you have any questions or would like to check on your pet during the day, please feel free to contact us at **(252) 393-6581**. The following is a list of our boarding policies.

Please initial once read in space provided:

_____ I am the undersigned owner or designated agent of the above listed pet(s) and hereby authorize BAH to board my pet(s) during future dates. I understand this contract expires annually and is required prior to boarding.

_____ I understand that a \$20 no show fee will be charged to my account if a boarding appointment is made and not canceled within 48 hours.

_____ In order to board my pet, vaccinations must be current according to the BAH's standards. If received elsewhere, valid documentation from another licensed veterinarian must be provided. Immunizations need to be updated prior to boarding for the protection of my pet(s) and those boarding. Failure to do so upon arrival will result in additional fees and vaccinations at the doctor's discretion. I understand this may not protect my pet fully during their stay and will not hold BAH responsible if any acquired disease(s) occurs.

_____ The only exception to the immunization clause is specific medical conditions pre-approved by doctors at BAH. In this case, I understand my pet may be housed in an isolation ward and could be exposed to other unvaccinated animals. I understand the risks and release BAH of any liability and responsibility should my pet contract a condition that could have been prevented with immunization.

_____ My pet must have a negative fecal (stool) exam tested within the year prior to boarding. If due upon arrival, one will be done at an additional fee and treatment will be given if deemed necessary.

_____ All boarded pets must be free from external (i.e. fleas and ticks) and internal (i.e. intestinal parasites) parasites. At BAH's discretion, if parasites are found, treatment will be performed and the cost added to my bill.

_____ While BAH requires precautionary instructions to all owners of boarded pets to minimize the risk of cross contamination and spreading of contagions while boarding, I understand that this possibility/risk will always be present. I assume responsibility for choosing BAH for boarding and releasing them of liability should my pet become sick or ill while in their care.

_____ Upon drop off, I will make BAH aware of any additional services requested such as a nail trim, bath, anal gland expression, or other. I understand that these services may be performed at any time during stay at an additional cost.

_____ Prior to boarding, I will inform BAH in detail of any medical conditions, disorders, aggression with people or animals, allergies/sensitivities, special needs or concerns regarding my pet.

_____ If my pet requires any medications to be dispensed while boarding, additional fees will accrue per each day dispensed. Only medications prescribed by a licensed veterinarian and in the original prescription bottle will be given. Supplements need to be left in their appropriate containers. If any meds need refilled during the stay, charges will reflect this. Pets requiring extensive medical monitoring or treatment are considered hospitalized not boarded, which requires an increased cost.

_____ I authorize BAH to perform any necessary services should an emergency arise, to include sedation as required to stabilize my pet until I or my emergency contact can be reached. I understand the staff and doctors will attempt to contact me to authorize treatment of incidental ailments which may occur during my pet's stay. I am aware that additional fees can apply with either situation.

_____ In the event that my pet needs medical treatment during their boarding stay and I cannot be reached for authorization within a reasonable timeframe, I give consent for my emergency contact to allow decisions on my behalf. I also agree to assume all financial responsibilities in this scenario.

_____ I understand that it has been advised that I provide my pet's own diet to avoid gastrointestinal upset. If I bring my pet's diet, I will label the bag or container appropriately and specify detailed feeding instructions. If I do not bring my pet's own diet or if food runs out, a gastrointestinal diet will be provided at an additional cost.

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_____ Boarding is charged for each night of my pet's stay regardless of the time admitted or released. I accept full financial responsibility for accrued boarding fees for my pet as well as any charges for services or treatments as outlined in this consent form to BAH at the time of discharge. I will plan accordingly if another authorized individual is picking up my pet.

_____ Pets may be dropped off and released during normal business hours; after-hours pickup is not available. If I do not pick up my pet within 5 days of the scheduled pick-up date without notification to BAH, BAH will assume my pet has been abandoned as described by law. I further understand that abandonment does not release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

_____ While BAH will do their best to take care of my pet's personal belongings (i.e. toys, collars, leashes, bedding, etc.), I understand that those items may become lost, damaged, or destroyed and it is with that understanding, that I agree and accept that BAH is not responsible for mishaps with or the loss of personal items. Personal items may be removed from their environment at BAH staff's discretion if deemed hazardous.

_____ I understand that dogs can be exercised within a spacious fenced-in area with 6 foot fencing in the backyard with strict supervision. Even with extreme caution, some dogs can escape over or under fences or through latched gates. Off-leash access is only permitted at our discretion for the safety and well-being of our clients and pets. I will make BAH aware of any special instructions regarding walking (for instance, no neck leads) and play at time of drop-off.

_____ Feline pets are always housed while boarding, and litter boxes are provided. I will provide BAH with any special instructions at drop-off.

_____ If my pet is found to be aggressive and dangerous to the staff or other animals, additional charges may apply.

_____ BAH reserves the right to refuse admittance to any pet or dismiss any animal that does not meet or maintain the health, temperament, or other boarding standards outlined in this consent form. This determination will be made at the sole discretion of BAH.

_____ I agree not to hold BAH or its staff responsible for conditions that are unavoidable in boarding environments such as, but not limited to: weight loss, rough hair coat, anorexia, tracheobronchitis, upper respiratory infections, and diarrhea. Pets can often become stressed/nervous while boarding and show signs as mentioned above once returning home.

_____ Although pets may get along great at home, I understand that boarding can disrupt their emotions causing aggression towards one another. BAH will attempt to put pets in the same housing if I request, with the understanding that if they are not comfortable, BAH will separate my pets. If trauma or death results overnight, BAH and its staff are not held liable for such nor responsible for fees accrued during first aid. I understand the risk I take when requesting my pets to be housed together.

_____ I understand and acknowledge that BAH is not staffed 24 hours a day and BAH staff/doctors do not make unscheduled, periodic visits to attend to animals.

_____ In the event of a disaster or adverse weather event which requires evacuation (i.e. hurricanes), I will plan to pick up my pet from boarding. If I cannot pick up my pet, I will make every effort to contact BAH with options to pick up or release my pet to a designated person. In the event of a disaster or other adverse event, I understand that BAH does not require staff to stay on the premises. If a disaster occurs and my pet is not picked up, I am aware that my pet may be left alone until it is deemed safe to return to the hospital/kennel. I will not hold BAH or staff responsible for the death or injury of my pet resulting from a hurricane, evacuation, or disaster.

I hereby certify that I have read and fully understand this authorization for boarding my pet at BAH. This document will become a permanent file in my chart and expires a year from the date below. Annual updates to Boarding Consent Forms are required prior to boarding.

Signature (Owner): _____ Date: _____

Printed Name (Owner): _____

Signature of BAH Witness: _____ Date: _____

Printed Name BAH Witness: _____