

Owner Consent for Boarding/Treatment

Client's Name: _____ Chart: _____ Pet's Name: _____

NOTE:

Please consult the front desk to obtain a current price estimate for the desired boarding duration. At the time of check-in, an estimate will be presented with the prospective total and you will be asked to sign that copy. This copy is a reference to the contents of the estimate agreement. Please feel free to sign the second page and bring it with you to your drop-off appointment.

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** ____ **I am not** ____ (*check one*) eighteen years of age or over and authorize the veterinarian(s) at **Rea Road Animal Hospital** to perform the above procedure(s). I understand that some risks always exist with drug therapy and medical treatments and I have been encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and the most serious side-effects
- The length and type of follow-up care and home care required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of _____ % of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ **does not have** _____ (*check one*) my permission to provide such treatment and I agree to pay for such services and understand that those fees are not included in my estimate.

I understand that during the performance of medical, surgical, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at this veterinary practice are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost of additional procedures will not increase the total fee by more than 25% of that provided in the estimate for these procedures.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
(if owner or agent is less than 18 years of age)

Date

I can be reached at the following numbers: _____
(Home) (Cell) (Business)

I prefer to receive Text Messages: Yes _____ No _____

Rea Road Animal Hospital
8100 Williams Pond Lane
Charlotte, NC 28277
704-544-6313

Pet Name: _____

Boarding Policy

1. All dogs must be current on their vaccinations for Rabies, Bordetella, and Distemper/Parvo combination and current on parasite testing (fecal) to protect all boarders.
2. Cats must be current on Rabies and FVRCP combination.
3. Pets will be checked for external parasites and treated, if needed, before admittance. This is to protect all boarding animals from picking up fleas/ticks while here. The fee for treatment, if needed is \$16.00 - \$21.00.
4. Pets will only be discharged during office hours. All charges must be paid in full at that time. **Sunday pick up is between 5:00p.m.-5:30 p.m.**, must be prearranged, and costs \$20.00.
5. Any pet not picked up within five days of written notice that it is ready for release will be considered abandoned. However, the owner will still be responsible for all charges incurred while here.
6. If my pet should injure itself, refuse food, become ill, or die while boarding, I will hold Rea Road Animal Hospital and its staff free of responsibility in the absence of gross negligence.
7. I hereby consent and authorize Rea Road Animal Hospital, its employees, and veterinarians to board and administer any vaccines, medications, anesthetics, radiographs, surgical procedures, or treatments that the doctor deems necessary for the health of my pet while under their care. I understand that I will be responsible for any charges incurred while my pet is under hospital care.
8. Please label any items that you bring in with your pet. If items are not labeled, we can not guarantee that they will be returned. The number of toys shall be limited to no more than two per animal. We cannot guarantee to return beds, or bedding, in the same condition as when brought in. Therefore, we provide plenty of bedding for your convenience.
9. There is a \$5.30 (per night) medication fee if your pet is on medications. All medications must be properly identified and must be in their original containers.

Please sign below if you accept the above conditions

Signature _____ date _____
<animal-folder>

****Please answer the following questions and provide all information as requested so that we may ensure your pet is properly cared for during his/her stay with us.**

Owner food: Yes _____ No _____ Name of Food: _____

Feeding Schedule: _____ Once Daily _____ Twice Daily _____ Free Feed _____

Special Feeding Instructions, if any: _____

Medications: Yes _____ No _____ Please list all medications and the proper dispensing for each pet staying with us: _____

List any belongings: _____

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18. There is a \$5.30 (per night) medication fee if your pet is on medications. All medications must be properly identified and must be in their original containers.

Please keep this copy of the Boarding Agreement for your records.