

Arbor Creek Animal Hospital
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BOARDING INFORMATION & RELEASE FORM

Thank you for giving us the opportunity to care for your pet!

Date _____ Client Name _____ Pet Name _____

Contact Person _____ Emergency Number _____

Dates Boarding _____ to _____ Please circle pick up time and day below.
mo/day/yr mo/day/yr

Pick up time: 8a-12p or 12p-5:30p Mon-Fri or 8:00-12:30 Sat (You can pick up anytime during normal business hours. If they are receiving a bath while here it is important for us to know an estimated time so we are able to have them ready!)

After hours times for Sat, Sun & Holidays; 5:00pm Sat, 9:00am Sun or 5:00pm Sun

Weekend and Holiday pick-ups are at @ 9am and 5pm, not throughout the day. Staff will unlock the door shortly before those times. PLEASE call if you need to change your pick up time. Boarding is charged just like a hotel. Check in anytime today and check out by NOON tomorrow in order to avoid additional charges.

Is your pet on any medication(s) or supplements? Yes / No (circle one)

If yes, please describe;

Did you bring food? Yes / No (circle one)

Please describe your pets feeding schedule (how much, how often & special instructions);

Please describe any items brought with your pet (treats, bedding, toys, leashes, etc.):

(1) _____ (2) _____
(3) _____ (4) _____

Would you like your pet scheduled for a Bath and Basics during their stay? Yes / No

Vaccinations, testing or other things for the veterinarian to look at during your pets stay;

Has your pet shown any recent signs of diarrhea, vomiting, sneezing, coughing, or any other symptoms we need to be aware of? Yes / No (circle one)

If yes, please explain: _____

If this pet is a new pet to our hospital please provide a copy of vaccination history.

BOARDING REQUIREMENTS:

1. All pets (>12 weeks of age) boarding must be current on vaccinations.
DOGS (1) Rabies (2) DHPP (3) Bordetella within the last 6 months (4) negative fecal test within the last 6 months.
CATS (1) Rabies (2) FVRCP (3) negative fecal test within the last 12 months.
Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding pet(s).
Medical exceptions will be allowed after verification with the pet's veterinarian.
2. If intestinal parasites, fleas and/or ticks are found on the pet during the stay, they will be treated as the hospital determines, *and the cost of the treatments will be added to the total bill.*
3. If the pet is found to be aggressive and dangerous to the staff, all additional charges for special handling will be added to the total bill.
4. If the pet is to be picked up by someone other than the owner, arrangements must be made with the hospital regarding the payment.

REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

In the event that your pet becomes injured or ill during his/her stay with us, we will make two attempts to contact you (at least 1 hour apart) in order to discuss treatment options. If we are unable to reach you, we need to know how you would like us to proceed with treatment. Please initial A, B or C. Write in amount on C if applicable.

___ **A)** Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

___ **B)** Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. *However, should the veterinarian determine that my pet requires extensive measures to maintain life,* I request that they euthanize (put to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet(s).

___ **C)** Treat my pet as needed, but not to exceed \$_____ (*\$150.00 suggestion*) I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if Dr. Michael Tarrant or his agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, Dr. Michael Tarrant and his agent(s) are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges incurred during that time period.

EXERCISE DURING MY PETS STAY:

Dogs will be walked outside in the Arbor Creek Village area a minimum of twice daily; 3 times daily is our normal routine. I realize outside walking involves a security risk because there is no fenced area and will not hold Arbor Creek Animal Hospital liable in case of injury, escape, or death of my pet.

Arbor Creek Animal Hospital is to use all reasonable precautions against illness, injury, or escape of my pet, but will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet 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. Seven days after such written notice the pet will be considered abandoned and may be taken to an animal shelter or humanely euthanized. It is further understood that such action will not relieve me from paying all costs of services provided and the use of the hospital, including the cost of the boarding service.

I have read the foregoing and agree.

Signature of Owner/Representative of Owner

Date