

Regal Animal Hospital Boarding Agreement Form

CLIENT INFORMATION:

Owner's Name:
Contact Phone number(s):
Agent's Name (if someone other than owner will be picking pet(s) up):
Agent's Phone Number(s):

PET INFORMATION:

Pet's Name:	
Check-In Date :	Check-Out Date:
**Anticipated Pick-Up Time:	

**Please note that if your pet is picked up after 2PM, an additional charge (1/2 day) will be added to the invoice.

Initial: _____ ALL PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAM AND VACCINATIONS. If your pet is past due, your pet will be examined and given the necessary vaccinations (or tests, if indicated) upon admission, and current clinic charges will be applied to the invoice. If an exam and vaccines were performed at another clinic, written proof of vaccinations or verification with the pet's veterinarian.

Initial: _____ PETS MUST BE FREE OF EXTERNAL PARASITES. Any pet found to have evidence of parasites will be treated at the owner's expense.

Initial: _____ I would like my pet bathed for an additional charge before he/she goes home. Price is determined by pet's current weight.

****PLEASE BRING ALL MEDICATIONS IN THEIR ORIGINAL CONTAINERS. IF MEDICATIONS ARE NOT PROVIDED, THEY WILL BE CHARGED AT THE CURRENT RATE.**

PLEASE LIST ANY/ALL MEDICATIONS BELOW, THEIR DOSAGE AND INSTRUCTIONS:

****Please note that medication administration will add an additional charge.**

Medication Name	Dosage Amount	Dosage Instructions	TIME LAST GIVEN:

Special instructions (please initial each line that applies):

Unless otherwise specified, your pet will be fed Hill's i/d Science Diet dry food. If your pet has other dietary

needs, please provide the food or allow us to provide it at current charges.

_____ I have special dietary instructions for my pet. Please specify (amount and frequency):

*When was pet last fed? _____ AM/PM

_____ I am leaving personal belongings with my pet. Please list:

*Regal Animal Hospital is not responsible for damaged or destroyed toys, bedding, or other personal items. You are accepting the risk of your pet ingesting these items, which can lead to serious medical illness.

Regarding the treatment of my pet during his/her stay:

Please choose from one of the following options. Please note that the clinic will always try to contact the owner or the agent if any medical issues arise during your pet(s) stay.

- Treat my pet(s) as needed. Do all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet(s). I accept full financial responsibility for all charges related to the treatment of my pet(s).
Signature: _____ Date: _____
- Treat my pet(s) as needed, but do not exceed \$ _____. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet(s) will NOT receive further medical treatment even if it is life-threatening. I understand that if the doctor feels that my pet is undergoing needless pain and suffering due to lack of medical care, and the treatments/tests needed would exceed the above amount, the doctor is authorized to euthanize (put to sleep) my pet. I accept full financial responsibility for all charges accrued during that time period.
Signature: _____ Date: _____
- Treat my pet(s) as needed. Do any and all diagnostic test, treatments, and surgeries necessary. However, if the veterinarian determines that my pet requires extensive measures to maintain life, I request that the doctor euthanize (put to sleep) my pet. I understand the "extensive measures" are left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.
Signature: _____ Date: _____

Regal Animal Hospital has the right to add an additional handling charge on the invoice, per day, if the pet is deemed aggressive/dangerous to the staff. The pet may also be asked not to return for future boarding reservations.

Any pet not claimed after 7 days of pick-up-date without new provisions being made, will be considered abandoned and becomes the property of Regal Animal Hospital. The animal will be handled according to our best judgement.

Authorized signature: _____ Date: _____