

Boarding Policy & Owner Release

- *All animals must be current on all vaccines. We will need a copy of vaccine records if done elsewhere.
- *All dogs must have had a Fecal Examination for intestinal parasite within last 6 months. If not it will be done while pet is boarding and will be treated if positive.
- *All animals must be free of external parasites (fleas & ticks) when admitted for boarding; or must be treated upon admission.
- *Animals will be admitted & discharged ONLY during regular office hours.
- *Be aware that your pet's diet may have varied while away from home. They may have barked at other animals; or the temperature & humidity may vary slightly different from your home. This can create problems such as sore throats or diarrhea. Owners will be charged appropriate fees for all treatment and medication needed for reasons that are not directly under our control.
- *AGGRESSIVE ANIMALS: We do our best to care for all animals. We will not risk injury to staff members for an aggressive animal. In severe cases you may lose boarding privileges, and may be asked to pick up your pet.

THIS RELEASE MUST BE SIGNED PRIOR TO BOARDING

I understand that Hallsville Veterinary Hospital (hereafter referred to as HVH) can not guarantee the health of my pet and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections and diarrhea. I understand all pets admitted to the clinic must be protected against contagious diseases and must be free of intestinal parasites and external parasites or will be treated on entry or discovery at the owner's expense.

I understand that in the event of my pet becoming ill, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me and is therefore authorized to initiate appropriate treatment until me or my agent can be reached.

Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

Please treat my pet as required, if you cannot reach me. (We will always try to call you.)

Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

Date: _____ Owner: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:

This release pertains to all pets in household.

This is a permanent release until HVH is otherwise notified in writing.

Admitting staff initials: _____