

ANNUAL BOARDING AGREEMENT

(This form is in compliance with the Colorado Department of Agriculture Pet Animal Care Facilities Act)

Owner Name: _____ Pet Name: _____

Has your dog ever jumped a 6 foot high fence? _____

Does your pet have any sensitive areas on its body, if so where? _____

Does your pet have any allergies or other health concerns? _____

Are there any restrictions we should place on your pet's activities? _____

Is there anything else we should know about your pet? _____

Reasonable precautions will be used against injury, escape or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. *I understand that 24-hour care is **NOT** provided and there is no monitoring during nighttime hours.*

VACCINATIONS: To ensure the protection of all pets in our care, a physical exam and vaccinations must be current according to Aspen Arbor's vaccination policy unless otherwise determined by a veterinarian. Dogs are required to be current on Rabies, Distemper/Adenovirus/Parvo/Parainfluenza, and Bordetella. Cats are required to be current on Rabies and Upper Respiratory.

_____ : Please initial to indicate you have read and understand our vaccination policy.

MEDICAL ILLNESS: One of the advantages of boarding your pet at a veterinary clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number provided on the other boarding sheet regarding your pet's clinical signs, treatment options, and estimate of additional costs. If no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve a critical medical condition.

Please initial which option you would like:

_____ : In the event of a life-threatening emergency, I authorize IMMEDIATE medical intervention for my pet should my pet need life-support. **DO RESUSCITATE.**

_____ : In the event of a life threatening emergency, I **DO NOT** authorize any emergency efforts for my pet. In refusing medical treatments, I grant permission for humane euthanasia for my pet.

_____ : I authorize up to \$_____ to be spent on my pet's medical care until someone can be reached.

In the unlikely event that your pet should die during its stay, please initial your preference for handling the remains:

_____ : Save body

_____ : Cremate remains and do not save ashes

_____ : Cremate remains and save ashes

My initials and signature indicate that I have read and understand this document. I fully intend to pick up my pet on the specified date. If circumstances changes, I will notify Aspen Arbor Animal Hospital of the new pick up date. **If I do not pick up my pet or contact Aspen Arbor within ten (10) days of my scheduled pick-up date, I shall be considered to have relinquished my pet and it can be put up for adoption.**

Signature: _____ Date: _____

Date: _____

Initials: _____