

ANNUAL BOARDING AGREEMENT AND DIRECTIVES

OWNER NAME
PET NAMES

Has your dog ever jumped a 6 foot high fence? (If so, bathroom duties will be done on a leash.)	
Does your pet have any sensitive areas on its body? (Ears, paws. etc.)	
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 insure the protection of all pets in our care, a physical exam and vaccinations must be current unless otherwise determined by a veterinarian.

Dogs: Rabies, DHPP, Bordetella

Cats: Rabies, FVRCP

	Please initial to show you have read and understand our vaccination policy
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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 above 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 our pet require treatment to relieve immediate discomfort or to resolve an important medical condition

Initials	Instruction
	In the event of a life-threatening emergency, I authorize IMMEDIATE medical intervention for my pet. Should my pet need life-support, I [DO] [DO NOT] want resuscitation efforts.
	I authorize up to \$ _____ in medical care for my pet until someone can be reached.
	I do not authorize any emergency efforts for my pet in a life-threatening situation. In refusing medical treatments, I grant permission for humane euthanasia for my pet.

In the unlikely event that your pet should pass away during its stay, please indicate your preference for handling the remains:

	Save body (will be in freezer)
	Cremate remains
	Cremate remains and save ashes
	Other

My initials and signature indicate that I have read and understood this document. I fully intend to pick up my pet on the specified date. If circumstances change, I will notify Aspen Arbor Animal Hospital of a 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 OF OWNER OR RESPONSIBLE PARTY	DATE	
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DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS