



# Aspen Arbor ANIMAL HOSPITAL

## 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 issues? \_\_\_\_\_  
\_\_\_\_\_

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

Is there anything else we should know about your pet? \_\_\_\_\_

**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 employed by Aspen Arbor Animal Hospital. 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.

**Medications and Supplements:** In accordance with the Department of Agriculture's Pet Animal Care Facilities Act, all medications must arrive at our facility and be stored in their original container with prescribing instructions specific to the pet receiving them. All medication will be administered according to the instructions written by the prescribing veterinarian. All supplements must also arrive in their original contained with prescribing instructions specific to the pet receiving them. All supplements will be administered according to the instructions written by the prescribing veterinarian.

**Diets (food and treats):** All food and treats must be brought to our facility in resealable, water resistant containers.

\_\_\_\_\_: Please initial to indicate you have read and understand our prescription and supplement administration policy.

**Please Complete Back of Form**

AAAH Initials: \_\_\_\_\_

**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.

\_\_\_\_\_ : In the event of an emergency after hours, I understand that my pet will be examined and treated by a veterinarian and thus will incur a minimum emergency exam charge of \$100.00.

**Concerning your pet's emergency needs, please select one of the items below:**

\_\_\_\_\_ : In the event of a life-threatening emergency, I authorize IMMEDIATE medical intervention for my pet should my pet need life-support. **DO RESUSCITATE.** I authorize up to \$\_\_\_\_\_ to be spent on my pet's medical care until someone can be reached.

\_\_\_\_\_ : 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.

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

\_\_\_\_\_ : Save body

\_\_\_\_\_ : Cremate remains and do not save ashes

\_\_\_\_\_ : Cremate remains and save ashes

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.*

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 change, 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 he/she can be put up for adoption.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

AAAH Initials: \_\_\_\_\_