



# Boarding Admission

Admission by: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Expected Date of Discharge: \_\_\_\_\_  Morning  Noon  Early Afternoon  Late Afternoon  
Contact name: (If not owner) \_\_\_\_\_ Contact phone number: \_\_\_\_\_

1. All pets boarding must be current on vaccinations. Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).
2. If parasites are found on the pet during the stay, they will be treated as Birkdale Animal Hospital determines, and the cost of the treatments will be added to the total bill.
3. If the pet must be separated from the general population and put in quarantine, added charges for quarantine procedures will be added to the total bill.
4. If the pet is found to be aggressive and dangerous to the staff or other animals, all additional charges will be added to the total bill.
5. We will try to bathe all dogs prior to discharge as requested by the owner. However, if the pet's health or temperament makes it hazardous to the staff or the pet, the pet will not be bathed.
6. If the pet is to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill. Agent: \_\_\_\_\_
7. All reasonable precautions will be used to prevent injury and escape of the pet. Birkdale Animal Hospital is not responsible for the actions of the pet that may cause injury and escape.
8. All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. Birkdale Animal Hospital is given authorization to dispose of the pet(s) as they deem best, including euthanasia (putting to sleep).

## REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

a) Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s). I am aware that Birkdale Animal Hospital will try, to the best of their ability, to reach me at my destination phone to authorize the needed treatments. If I am not available or can not be reached, treatment will commence to help my pet.

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

b) Treat my pet as needed, but not to exceed \$ \_\_\_\_\_. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if the doctor or his/her agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, the doctor and his/her agent(s) are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.

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