



Date _____

Pet Owner Name _____

Emergency phone number _____

Pet Name(s) _____

To ensure the protection of all pets in our care, the following must be up to date:

Dogs: DHPPVL, Rabies, Bordetella Cats: FVRCP, Rabies

All pets must be parasite free, including intestinal parasites (negative fecal sample within 6 months) and will be treated with flea/tick preventative if needed.

MEDICAL RELEASE: (PLEASE SELECT ONE OF THE FOLLOWING)

One of the advantages of boarding your pet(s) at West Side Animal Clinic is that veterinary care is readily available should the need arise. As the pet owner, please initial your choice below.

_____ Please perform whatever services and treatments the doctor deems necessary for the best care of my pet. It is not necessary to contact me prior to these services and/or treatments. I accept full responsibility for additional costs incurred in the medical treatment for my pet(s).

OR

We will call the emergency number listed above regarding your pet's symptoms and treatment options. In the event that I am unavailable:

_____ I elect minimal treatment for my pet to prevent life-threatening concerns. I understand that minimal treatment can include the need for intravenous fluids, oxygen, and possible intensive care treatments. I understand and agree that I will be financially responsible for the total amount of all treatment costs.

_____ I decline treatment for my pet without my permission. I understand that if I am unavailable and my pet's life is threatened, no treatment will be done, and I hereby release West Side Animal Clinic and its representatives of any and all responsibility and /or liability.

MEDICATED BOARDERS ARE AT AN ADDITIONAL COST (PLEASE INITIAL) _____

My pet has a medical condition (please explain) _____

My pet is taking the following medications/directions _____

If yes, it may be determined that it is in your pet's best interest to stay in the treatment area of our clinic vs. boarding area.

I understand that boarding can cause animals to be stressed, which can lead to diarrhea, inappetence, or incessant barking/crying. I agree that my pet will be cared for accordingly, which may include medication for diarrhea or anxiety, and needed bathing. I understand that I am responsible for any added medical/grooming expense.

Signed _____ date _____