



All Pets Hospital – Boarding Consent Form

APH initial _____

Owner's Name _____ Pet's Name(s) _____ Drop off date _____ Pick up date and time _____

Does your pet(s) have any medications? YES NO ***There is a \$4 per pet per day administration fee for medications**

Does your pet have any belongings? If so, please list: _____

Is your pet having a procedure while in our care? (Exam, Surgery, Dental, etc.) YES NO

If so, what procedure? _____ Date _____

All pets admitted must be up to date on Rabies, DALPP/RCPP, Influenza (H3N2), Bordetella (every 6 months) and have had a negative fecal within the past 6 months. This is for your pets safety and that of our staff. If they are not, they will be vaccinated/tested according to our hospital policy during their stay, at the owner's expense. _____ (initial)

1 yr RV 3 yr RV DALPP BV Lyme Influenza HW check Fecal RCPP FELV
(please circle what is needed)

All Pets Hospital HIGHLY recommends monthly flea/tick and heart worm preventative. In the event fleas or ticks are found on your pet, they will be treated at the owner's expense with an appropriate prescription(s). _____ (initial)

Dog Day Care - OR - Extra Playtime

Are you interested in your dog(s) attending All Pets Dog Day Care? YES NO

You must complete an All Pets Dog Day Care Application, and your pet must be spayed/neutered, up to date on vaccinations, flea and heartworm preventative AND pass a temperament evaluation in order to be considered for Day Care. **Approved dogs will attend Day Care appropriately for their size, temperament and stress level, at the discretion of the staff. Daily attendance is NOT recommended and cannot be guaranteed. Day Care with boarding is an additional \$16/day.*

Are you interested in your pet having extra playtime (30 mins/day)? YES NO

Extra play time is only for those pets who are boarding and not attending dog daycare.

**A playtime questionnaire must be completed at drop off.*

***Extra playtime is an additional \$10 per day per pet.*

****Dogs will receive a complimentary bath before leaving. (minimum 2 night stay required)**

____ I give consent for All Pets Hospital to give medical treatment necessary for my pet's health and well being during their stay. **All treatment will be at the owner's expense.**

____ I do **NOT** give consent for All Pets Hospital to treat my pets during their stay. I understand that I assume all responsibility for this decision.

I understand that there are inherent risks associated with boarding my pet(s) such as, but not limited to, illness or injury. I accept these risks, and agree that All Pets Hospital, LTD will not be held responsible for any unforeseen circumstance. I waive all claims or actions against All Pets Hospital, LTD relating to the care, control, health and/or safety of my pet(s) while in their care.

Emergency Info: Cell phone _____
2nd phone _____

Owner's Signature & Date _____