



Stafford Animal Hospital Boarder Consent Form

Chart No.: _____

Deposit \$ _____

Confirmed Dates: From: _____ To _____ Pet's Name(s): _____
Weekend/Holiday: Pickup Drop off Sat Sun Holiday 8 a.m. 5p.m.

Owner's Name: _____

Address: _____

Cell Phone: _____ Vacation Phone: _____

Personal Items: Leash Collar Carrier Other: _____

Allergies: _____ Medications: _____

Food: Own SAH Wet Dry Feeding Instructions: _____

Please list any treatments or surgery to be rendered during your pet's stay:

Please read and sign your acceptance of this boarding contract

1. A deposit of 50% is required at time of booking to confirm your reservation. We require a 48 hour notice prior to any changes to reserved dates. Cancellations made without 48 hours notice forfeit the deposit.
2. In the event of early pickup, payment is required for all reserved boarding time unless 48 hours notification is given.
3. There is an additional \$16.00 per day per pet charge on any pet(s) left in our care after the pickup date without 48 hours prior notice. This is in addition to regular boarding fees.
4. All reserved boarding time & any services rendered during boarding will be paid in full no later than the pickup date. However, pickups made on weekends or holidays are required be paid in full at time of drop off as the front office is closed on those days.
5. Your pet must be properly vaccinated at the time of boarding. Vaccines not administered by Stafford Animal Hospital need to be administered by a licensed veterinarian and be properly documented. (There is a fee of \$5.00 for faxes and/or long distance calls to obtain this information.)
6. If an animal has internal or external parasites (ex: fleas, tapeworms, etc) they will be treated at the owner's expense. This is for the health of your animal and to protect other animals in our care. _____ (Initial)
7. If you have requested a paid bath, please call prior to pickup to ensure that your pet has had enough time to dry; typically this results in pickups between the hours of 4-6pm. There are absolutely no baths on weekends.
8. If an owner brings medication or the veterinarian prescribes medication while in our care there will be an additional charge of \$2.00 per day (does not include heartworm preventative or frontline). If your pet needs insulin there will be an insulin boarding medication fee of \$15.00 per day. _____ (Initial)
9. Any pet who excessively soils themselves will receive a bath at owners' expense. _____ (Initial)
10. During non-business hours, our veterinarian assistants clean, feed, and check on all animals. If medical care is needed, a veterinarian will be called for medical instructions. Emergencies will be transported to the emergency clinic and the owner will be contacted for authorization and billing information by the emergency clinic. If the owner can not be reached, care will be rendered in accordance with this consent contract at the owner's expense. _____ (Initial)

I, as owner or agent for the owner of this pet, authorize the staff of Stafford Animal Hospital to perform any medical procedures as necessary (in the veterinarian's professional judgment) for my pet's well being while in our care. I understand that every effort will be made to contact me prior to the treatment. I have read this consent form carefully and my signature below indicates acceptance to all conditions listed here.

Signature: _____

Date: _____

Stafford Animal Hospital has business/medical staffing hours: Monday thru Friday 7a.m. - 7p.m.

We are closed on weekends and holidays therefore we do not provide medical care:

(1) Overnight from 7p.m. - 7a.m., (2) Friday 7p.m. until Monday 7a.m., and (3) holidays.