

# Westfield Animal Hospital Boarding Agreement

Client Name:		Contact Phone:	
Pet's Name:	Check-in Date:	Check-out Date:	Pick-up Time:

**Initial:** \_\_\_\_\_ ALL PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION BY A DOCTOR and their vaccinations. If you pet is past due, your pet will be examined and given the required vaccinations upon admission, and current charges will apply. Pets must be protected against fleas and ticks. If your pet is found to have evidence of parasites and/or fleas, it will be treated at the owner's expense. Food must be provided for pets with special dietary needs or preferences. Hill's Science Diet is provided to pets when dietary needs are not specified.

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, becomes the property of Westfield Animal Hospital and handled according to our best judgment.

**Please list any/all medications below, their dosages and instructions. Please bring all medications in their original containers. If medications are not provided, the cost of medications will be added to you bill.**

<u>Medication Name:</u>	<u>Dosage Amount:</u>	<u>Dosage Instructions:</u>	<u>Time Last Given:</u>

### **Special Instructions (please initial each line that applies**

If your pet has special dietary needs, please provide the food or allow us to provide it at current charges.

\_\_\_\_\_ I would like to have the following services done for my pet. Please specify:

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\_\_\_\_\_ Feeding instructions for my pet. Please specify:

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\_\_\_\_\_ I am leaving personal belongings with my pet. Please list:

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***Staff Use Only***

**Boarding Type**

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Westfield Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize the Westfield Animal Hospital to perform diagnostic, therapeutic, anesthesia, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I accept all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I accept that reasonable precautions will be used to ensure my pet's safety and well-being while in Westfield Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at this may mean that my pet may need to have another procedure at a future at my expense.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_