



BOARDING ADMISSION FORM

This form is available to download on our website www.elliottbayah.com

**** KEEP ON FILE ****

Client Name _____ Pet Name _____ Date _____

- 1. Does your pet have a microchip? YES NO
- 2. Is your pet on a prescription diet? YES NO Specific Brand _____ Dry Can
- 3. If your pet is not on a prescription diet, what brand or base (**chicken, lamb, etc**) do you feed at home:
_____ Dry Can
- 4. How much do you normally feed your pet(s)? AM: _____ PM: _____
- 5. Please list any food, drug, or environmental allergies your pet might have.

- 6. Please advise us if your pet has any history of aggression towards other people or other animals.

REQUEST TO EXERCISE PET: I, _____, hereby request and give my permission for Elliott Bay Animal Hospital, including its employers or independent contractors, to take my pet(s) named _____ off the premises for exercise. I understand the risks involved, and I release Elliott Bay Animal Hospital, including its owners, managers, employees, and independent contractors from all liability and/or responsibility in the event of injury, harm, damage, loss, or death of my pet. I agree to hold Elliott Bay Animal Hospital, including its owners, managers, employees, and independent contractors harmless from any or all injury, harm, damage, or loss caused by my pet while being exercised off the premises. This request, release, and hold harmless shall remain in effect unless and until revoked by me in writing and acknowledged by Elliott Bay Animal Hospital.

I have read the above provisions: Signature _____ Date _____

I understand my dog(s) may come in contact with other dogs during his or her stay. I understand the risks involved, and I release Elliott Bay Animal Hospital, including its owners, managers, employees, and independent contractors harmless from any or all injury, harm, damage, or loss caused by my pet while being exercised off the premises.

I have read the above provisions: Signature _____ Date _____

Boarding can be stressful. For example, some pets develop diarrhea due to change of environment or diet. In the event that your pet develops diarrhea while boarding, every attempt will be made to contact you or the designated emergency contact that you provided for us. We will provide appropriate medical care and the additional fees will be applied to your account.

****IN THE EVENT A HEALTH CONCERN EMERGES AND I CANNOT BE REACHED MUST CHECK ONE ****

____ I authorize Elliott Bay Animal Hospital to do whatever is necessary and I will pay any additional charges.

____ I authorize necessary procedures/expenses (\$350 minimum) up to \$_____ beyond standard boarding charges.

****Continue on Back****



Boarding Policy

We are a full service veterinary hospital that also provides boarding services for our client's pets. As such, we provide the same high standards of medical care for our boarding pets that we do for our hospital patients. In our experience, a few animals are not good candidates for boarding and may become ill, or their chronic conditions may worsen during their stay. Please be advised that any observed, untreated, or worsening pre-existing chronic health conditions that are causing your pet pain and discomfort during his/her boarding stay will be treated by our doctors at our standard rate. Any health condition observed with your pet deemed non-emergent will be noted and you will be advised upon your return of any additional medical, dental, or surgical procedures recommended for your pet.

Boarding multiple pets in the same enclosure is discouraged in most cases, because the added excitement and crowding can cause family pets to fight and inflict unexpected, and potentially serious injury to one another. If a medical condition develops with your pet, every attempt will be made to contact you or your designated legal emergency contact that you provided for us.

In the rare event that a **LIFE-THREATENING EMERGENCY arises with your pet and we are unable to reach you**, we will proceed with every necessary life support measure including surgery, in order to save your pet's life while we continue to attempt to contact you. Should your pet require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number (s). Payment for all services rendered will be due upon your return.

Please indicate by signing below how you want us to manage the care of your pet in a life-threatening emergency.

1. Please treat my pet _____ for any medical emergency or pre-existing medical condition that is worsening or causing my pet pain or discomfort. I understand that Elliott Bay Animal Hospital will make every reasonable attempt to contact me at the emergency numbers that I have provided, but will proceed with treatment to alleviate pain and to save my pet's life, if unable to reach me. I agree to pay all charges associated with rendering medical services to my pet.

Signature _____ Witness _____ Date _____

2. Please do not render any treatment to my pet _____. I authorize you to humanely euthanize my pet and hold the body until I return.

Signature _____ Witness _____ Date _____

All animals entering Elliott Bay Animal Hospital must have had a physical exam from one of our doctors within one year, must be current on all required vaccines, and be free from internal and external parasites. If these conditions are not met, the appropriate services will be provided and you will be charged accordingly. Pets will be released only during regular office hours and payment is required at that time. If I neglect to pick up my pet within 5 days of the pick up date above, Elliott Bay Animal Hospital may assume the pet(s) is abandoned and is authorized to relinquish or humanely dispose of the pet(s) as they deem necessary.

SIGNATURE _____ DATE _____

Thank you for allowing us to care for your pet!