

# Cloverleaf Animal Hospital Boarding Agreement



Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Boarding from \_\_\_\_\_ to \_\_\_\_\_ Pick-Up time \_\_\_\_\_

Number you (owner) can be reached: \_\_\_\_\_

Emergency Contact Person, address and phone number: \_\_\_\_\_  
\_\_\_\_\_

Indicate any medical problems or allergies: \_\_\_\_\_  
\_\_\_\_\_

Estimate: \_\_\_\_\_

All pets must be current on vaccina- \_\_\_\_\_ tions and preventatives as follows:

- Dogs: DHLPP-C, Rabies, Bordetella, Heartworm preventative (with a negative HW test)
- Cats: FVRCP-C/FelV, Rabies (note: a negative FeLV test is recommended but not required)

In case of illness or injury, I give my consent for the doctor(s) at Cloverleaf Animal Hospital, Inc. to treat, prescribe for or operate on my pet(s) while boarding and I agree to assume all financial Responsibility as follows:

Cloverleaf Animal Hospital, Inc. will use all reasonable precautions against illness, injury or escape of

Please contact either myself or the above named Emergency Contact Person for permission to exceed 15% of the above estimate.

I do not need to be contacted before you perform any needed medical services for my pet(s) which will exceed 15% of the above estimate.

my pet(s), but will not be held liable or responsible for the safety of my pet(s) and it is understood that I assume all risks.

Should the circumstance arise that my pet(s) remain unclaimed after the date which I have stated s the pick-up date, I understand that written notice will be mailed to the address on my pet's chart. Seven days after such written notice the pet(s) will be considered abandoned and may be placed, turned over to the Medina County Animal Shelter or euthanized at the discretion of Cloverleaf Animal Hospital, Inc. I also understand that such action will not relieve me from paying all costs incurred.

I have been informed that my pet(s) will be bathed before release and that there is a charge for this service. If my pet(s) is(are) found to have fleas, additional baths may be required and will be charged.

I have read the above and agree: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HOSPITAL USE ONLY

Staff Initials \_\_\_\_\_

Articles brought:

Type, amount of food and frequency of feeding:

Doctor's Exam?

Other notes, or special care needed: