Boarding Agreement DATE OF BOARDING:

Client ID: Client Name:	Patient ID: Name: Species: Breed:
Telephone:	Sex: Color: Birth Date:
undersigned, do hereby give my consent for the doctor pet(s) while they are being boarded. In the event that r	24 hour support. In the unlikely case of illness or injury, I, the rs of Dog & Cat Hospital to treat, prescribe for, or operate on my my pet's condition changes such that additional emergency treatment that my pet stops breathing and/or heart stops beating, I authorize DNR (Do not resuscitate)
Dog & Cat Hospital staff are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.	
understand that written notice will be mailed to my ad	nclaimed after the date which I have stated as the pick-up date, I dress. Seven days after such written notice, the pet(s) will be etion. It is further understood that such action will not relieve me our hospital, including the cost of boarding service.
In case of an emergency contact	at
Please list the following:	
Food Type & Feeding Instructions	
Medications & Instructions (if any)	
	e soiled and be removed from their cage. With so many hospitalized ifferent shifts, items can be unintentionally misplaced. We cannot
All pets entering the kennel will be inspected for fleas	and ticks. If found, your pet will be given <u>Capstar</u> Initial
Would you like your pet to have a bath before pick-up? (EXCLUDES SATURDAY PICK UP AND FELINES- additional charges apply)	
Signature	Date: