

Polo Springs Veterinary Hospital Boarding Contract

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a few moments to complete this information sheet. We know that the form is quite lengthy, but the information provided will allow us to take the best possible care of your pet.

Owner's Name _____ Home Phone Number _____
Emergency Phone Number _____ Duration of Stay-From _____ to _____

Pet's Information: Name _____ Dog/Cat/Other _____ Breed _____
Color _____ Date of Birth/Age _____ Sex _____

Are your pet's vaccinations current? If yes, what dates were they given? _____

Is your pet on any parasite preventative? If yes, what is it: _____

Is your pet currently on any medications? If yes, please complete the following:

Note: There is an additional charge for administrating medications to your pet.

Name of medication	Administration instructions	When was it last given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does your pet have any allergies? If yes, to what? _____

Please complete the following feeding instructions for your pet:

I brought my own food	Please feed my pet your food	
Name of Diet	Amount fed	Times per day
1. _____	_____	_____
2. _____	_____	_____
Treats: _____	_____	_____

Note: If no special diet is provided by the owner, Polo Springs Veterinary Hospital uses a premium prescription diet. Any prescription diet requirements not provided by owner but provided by Polo Springs Veterinary Hospital shall be charged at an extra rate.

Please list any items brought from home (treats, toys, blankets) _____

Has your pet ever bitten anyone? If yes, please explain the circumstances _____

Are there any special instructions you have for your pet? If yes, what are they _____

Continued on reverse side...

On the day of discharge, would you like your pet bathed? _____

Approximate pick up time _____ (no earlier than noon if bathed)

If getting bathed, please ask for an estimate.

(Initial)

I request this pet to be housed individually

(Initial)

I request this pet cohabitate with _____. (A separate co-habitation release must be signed)
(Pet's Name)

If in the event that my pet should become ill, every reasonable attempt will be made to contact me at the phone numbers I have listed, but if I cannot be contacted, I authorize Polo Springs Veterinary Hospital to provide veterinary care, to include anesthesia as necessary or in emergency circumstances, to follow through with such procedures as are necessary for the well being of my pet.

(Initial)

I agree to provide proof of current canine: rabies, distemper, adenovirus type 2, parainfluenza, parvovirus and bordetella vaccinations, or feline: rabies, rhinotracheitis, calici, and panleukopenia vaccinations, and give consent for Polo Springs Veterinary Hospital to contact my current veterinarian for vaccination history if I do not have records. In the event that my pet does not have current vaccinations and proof of vaccinations cannot be obtained by reasonable means, I authorize Polo Springs Veterinary Hospital to administer necessary vaccinations. To the best of my knowledge, the above listed pet has not been exposed to any infectious disease (e.g., parvo, distemper, rabies) within 30 days prior to boarding.

If my pet should injure itself in an escape attempt, refuse food, become ill or die while in the hospital, I will hold Polo Springs Veterinary Hospital, and it's staff, free of any responsibility and/or liability in the absence of gross negligence. As required by the State of Colorado, PSVH is informing you that should your pet die during its boarding stay, PSVH will retain the body until arrangements can be made with you for body care.

I assume financial responsibility for all services rendered and agree to pay those charges at the time of release of my pet. In the event of abandoning my pet, I authorize Polo Springs Veterinary Hospital to handle this abandonment in the best interests of the animal and the hospital five (5) days after written notice of such abandonment to owner's address of record. I understand this action will not, however, relieve me from paying all charges rendered, and all legal and/or other costs incurred in connection with collection for services.

I understand that continuous presence of qualified personnel is not provided.

Signature of Owner _____ Date _____

OR

Signature of Responsible Agent _____ Date _____

Signature of Witness _____ Date _____

FOR OFFICE USE ONLY

Did you verify: _____ emergency # _____ dates of stay _____ vaccs _____ meds _____ feeding instructions _____ bath
_____ signed/initialed _____ checked in _____ invoiced _____ chart written up _____ written on board
_____ meds/vaccs/surgery written on treatment board _____ belongings tagged and stored