

Client Name(s):	Patient Name(s):	
Local Contact (s):		Sex: Weight:
Address:		Birth date:
Phone #:	Emergency #:	Species:
Local Contact's #:		Breed:
Arrival Date & Time:	Facility Type: (run, cage/crate, bedroom)	Medical conditions?
Departure Date & Time:	Medication--Type & Instructions:	Heartworm/Flea control:
Diet Usually Fed:	Bringing Food: __Yes __No (All special diets must be brought)	Personal Articles To Bring:
Feeding Instructions:		
Other Procedures To Be Done While Boarding:		

I understand and agree to the following (please initial each line, except where noted):

_____ I authorize Coral Breeze Animal Hospital (CBAH) to do whatever is necessary should a medical problem arise, either of an emergency or non-emergency nature. I give my permission to administer tranquilization for treatment or handling, or anesthesia for an emergency or requested procedure. For any non-emergency medical problems found, I authorize the treatment deemed best by the medical staff at their discretion to make my pet comfortable and to alleviate pain or discomfort. I assume full financial responsibility for any and all expenses involved in the medical care of my pet. I understand that CBAH will make every effort to reach me on my emergency contact number to keep me informed.

_____ If a problem arises that, without immediate intervention, threatens the health or comfort of my pet, I authorize CBAH to either (*pick one and initial*) _____ do anything the doctor feels is needed to diagnose and maintain my pet's health and well-being; I completely trust the doctor's judgment; *OR* _____ do whatever is required to ensure my pet's comfort, but not performing any procedures that can wait until my return; *OR* _____ do the least amount that is necessary to make my pet comfortable.

- _____ For the protection of all boarders, I will provide proof of my pet's current vaccines, heartworm status (for dogs) or Felv/FIV status (for cats), and a fecal exam within a year, or they will be done during my pet's stay at my expense.
- _____ I understand that even though my pet is current on the required immunizations, this in no way guarantees that my pet cannot contract a different pathogen that can cause a problem. If this occurs, I agree that CBAH is not to blame and agree to treat the problem at my expense.
- _____ If my pet has fleas or ticks, I understand that CBAH will treat my pet upon arrival using the most appropriate insecticide, including a medicated bath at departure, at my expense.
- _____ Pets are released only during regular office hours. The hospital and kennel are closed on Sunday.
- _____ No pets will be released before 1 p.m. without prior arrangement. Pets picked up before 1 p.m. will be charged an additional \$25.
- _____ All pets must be dropped off at least one hour before close to avoid a late drop-off charge of \$10.
- _____ If I leave my pet longer, there is an additional \$20 per day per unit charge.
- _____ I understand that if I drop my pet off before 1 p.m. his/her room may not be ready and my pet will be placed temporarily in a different unit.
- _____ Peak seasonal and holiday boarding is \$5.00 more per pet per day, and requires a 50% non-refundable deposit.
- _____ In the event of a hurricane or severe weather, CBAH will continue to board animals if it is a category 1 or less severe. If the hurricane reaches category 2 or greater, the owner or local contact will be requested to pick up pet(s). If the owner or local contact is unable or refuses to pick up pet(s), CBAH will not be held liable for any health problems/issues that occur as a result of the hurricane and/or associated structural damages, including power outages.
- _____ The hospital is not responsible for any personal belongings left with my pet.
- _____ Complete payment is required at time of drop-off
- _____ If I neglect to pick up my pet within 4 days of the agreed pick up date and fail to make arrangements for a later pickup, it will be assumed that the pet has been abandoned. CBAH can then dispose of the animal as it sees fit. Abandonment does not release me of my obligation to pay the bill.

_____ **I have previously initialed the above conditions and protocols on _____ and understand and agree to abide by them. (To be exempt from initialing all lines, the same client must have previously initialed this form, and sign this one.)**

X _____

Date _____