

ROBINSON ANIMAL HOSPITAL



Pet Boarding Consent Form

Owner's/Agent's Name _____ Pet's Name _____

Phone number where I can be reached in case of emergency _____

VACCINATIONS For your protection, all vaccinations must be current. Written proof or phone confirmation is required if your pet did not receive vaccinations at Robinson Animal Hospital. Vaccinations administered at Robinson Animal Hospital (on admission) will be added to your bill. Please note that many vaccines are not effective until 10-14 days after given. It is important to have your pet vaccinated before boarding for optimal wellness. Your pet must be free of internal and external parasites, including fleas and ticks. We will treat your pet at your expense.

- Proof of current vaccinations from Robinson Animal Hospital or another facility _____.
- Date of vaccinations: Rabies _____ DA2PP+C _____ Bordetella _____ RAH Medical Record _____

_____ *Please initial to confirm that you understand and accept the requirements for vaccinations and parasite control.*

DIET Pets are fed Science Diet® Sensitive Stomach unless otherwise specified. We will be happy to feed your pet a prescription diet or other commercial diet of your choice if you bring it with you.

- Science Diet® Sensitive Stomach Prescription Diet (please specify) _____
- Other commercial diet (please specify) _____

MEDICATIONS We will be happy to administer medications your pet needs. Medications that are filled or refilled during your pet's stay will be added to your bill. Please list medication(s) and instructions.

SPECIAL INSTRUCTIONS & PERSONAL ITEMS Please list personal items or other special instructions for your pet.

Statement of Kennel Policy

1. Pets must be picked up between 10 AM and 6 PM.
2. Personal items (toys, etc.) may be left at your own risk. We are not responsible for loss or theft.
3. I understand that the staff may not be able to contact me immediately, therefore, in case of illness or injury, I give my consent for the Doctors of Robinson Animal Hospital to treat, prescribe for, or operate on my pet(s) until I can be reached. I agree to all related expense associated with the treatment of my pet until I am available to discuss further care and expenses with the Doctor.
4. Robinson Animal Hospital cannot guarantee the health of any pet, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.

**** I agree to make payment to Robinson Animal Hospital at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within 10 days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with Tennessee state law, and that doing so does not relieve me of my financial obligations.***

I have read the above and I am in full agreement. _____

Owner's Signature _____ Date _____