



Client: {FULLNAME}

Address: {ADDRESS1}

{CITY} {STATE} {POSTALCODE}

Telephone: {PHONENUMBER}

Patient: {NAME}

Species: {SPECIES}

Breed: {BREED}

Sex: {SEX}

Color: {COLOR}

Birthdate: {BIRTHDATE[SHORT]}

## Boarding Consent Form

### We welcome your pet during its stay at Ambassador Animal Hospital!

Please take a few minutes to review and complete this form and the general release form on the second page to ensure that your pet has the best possible care while staying with us. If you are a new client, we will perform a wellness exam to establish a vet-patient relationship in the event that we need to prescribe medication to your pet.

1. Arrival Date: {ARRIVALDATE[SHORT]} Departure Date: {DEPARTUREDATE[SHORT]}
2. Is your pet up to date on vaccinations? \_\_\_ Yes \_\_\_ No  
\*If no, your pet will receive the following vaccinations/physical at your expense:  
Dogs: \_\_\_ Annual physical \_\_\_ DHPPA \_\_\_ Rabies \_\_\_ Bordetella \_\_\_ Influenza  
\_\_\_ Lepto \_\_\_ Lyme \_\_\_ HWT \_\_\_ HWP \_\_\_ Fecal  
Cats: \_\_\_ Annual physical \_\_\_ FVRCP \_\_\_ Rabies \_\_\_ Feleub \_\_\_ Fecal
3. Do you want your pet to receive a bath package or hair cut prior to departure?  
\_\_\_ BAPA \_\_\_ Hair cut \*If yes, please describe \_\_\_\_\_
4. Do you want flea control applied/given to your pet? \_\_\_ Yes \_\_\_ No  
\*If yes, which flea control product would you prefer? **In the case that we find fleas on your pet, you will be charged for a capstar (a 24 hour flea pill).**  
\_\_\_ Nexgard (K9) \_\_\_ Bravecto (K9/cats) \_\_\_ Revolution (cats) \_\_\_ Nexgard combo (cats)
5. Is your pet on any medication? \_\_\_ Yes \_\_\_ No  
\*If yes, please list medication(s), frequency of administration, and the last time you gave them: \_\_\_\_\_
6. Did your pet bring their own food? \_\_\_ Yes \_\_\_ No  
\*How much and how often does your pet eat at home? \_\_\_\_\_
7. Does your pet have any belongings? \_\_\_ Yes \_\_\_ No  
\*If yes, please describe: \_\_\_\_\_
8. Does your pet have any medical problems you want a doctor to address? \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_
9. Any additional notes you would like for us to know while your pet is staying with us?  
\_\_\_ Yes \_\_\_ No \_\_\_\_\_
10. Has your pet ever been aggressive towards other pets and/or people? \_\_\_ Yes \_\_\_ No
11. Please initial **one** of the following options:
  - a. Ambassador has my permission to perform any treatment necessary should the need arise. Examples include treating diarrhea or anxiety: \_\_\_\_\_
  - b. Contact me prior to any non-emergent treatment administered to my pet: \_\_\_\_\_



\_\_\_\_\_ Initials I certify that I own, or am the legal representative of, and I take full responsibility for the above-described animal. I do hereby consent and authorize Ambassador Animal Hospital and its staff to transport if needed and hospitalize this animal, and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety, and well-being of the above animal while it is under their care and supervision.

\_\_\_\_\_ Initials Please note that Ambassador Animal Hospital does not have emergency hospital services outside of regular business hours. In the event that a medical emergency arises outside of regular hospital hours, we will attempt to notify you of the emergency and your pet will be transported to the closest available facility that can handle the emergency. Please note that you are financially responsible for any emergency fees (including but not limited to transport, medications, and procedures) incurred to stabilize and/or treat your pet.

\_\_\_\_\_ Initials If I fail to pick up the animal on the day of discharge by **5 PM**, I am aware that I will be charged for another night of boarding. If I neglect to pick up the animal within ten (10) days of notice that it is ready for release in writing and mailed to the address on record, Ambassador Animal Hospital may assume that the pet is abandoned. Ambassador Animal Hospital is then authorized to take custody/dispose of the animal as it deems appropriate under the circumstances. Abandonment does not release me of my obligation of payment in full. If the animal becomes deceased while boarding, and I fail to take possession of the remains within 3 business days, Ambassador Animal Hospital has authorization to have the remains cremated, without return, at my expense.

\_\_\_\_\_ Initials I further acknowledge that I am responsible for payment in full for any procedures and treatments at the time the animal is discharged. I agree that in the case of non-payment, any collection fees or attorney fees incurred during the collection effort will be paid by me.

\_\_\_\_\_ Initials In the absence of a finding of gross negligence by a staff member, I agree to release Ambassador Animal Hospital and staff of any financial or legal responsibilities should my animal become injured in an escape attempt, refuse food, soil itself, or become ill or die while boarding.

\_\_\_\_\_ Initials I agree to have my pet's image and name used with no medical information shared (ie: cute pet or welcome new patient) and I agree to have my pet's medical images shared for educational purposes with no identifying information.

Please leave 2 Emergency Contact Numbers: \_\_\_\_\_

\_\_\_\_\_

Signature of Owner or Owner's Representative: \_\_\_\_\_

Date: \_\_\_\_\_



## Vaccination Waiver for Boarding

I understand that there are risks associated with boarding my pet(s) without being vaccinated for the following vaccine(s):

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I hereby waive and release Ambassador Animal Hospital and other pet owners if my pet were to suffer from any problems or illnesses they may be exposed to as a result of not having up to date vaccinations.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_