Client name:	 	
Pet's name:		



Boarding Consent Form

REQUIREMENTS FOR BOARDING

- 1. All animals entering the hospital for boarding must be current on vaccinations and free of parasites (fleas, ticks, tapeworms, etc.) or they will be treated upon admission at the owner's expense.
- 2. I understand you cannot guarantee the health of my pet(s) and will not hold Raintree Animal Hospital responsible for conditions that are sometimes unavoidable in boarding kennels, such as but not limited to weight loss, upper respiratory infections, or diarrhea.
- 3. The emergency contact person(s) (who can make medical decisions if you are <u>not</u> available) MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. The person(s) I choose as my emergency contact are authorized to make medical decisions for my pet(s). I will assume all financial responsibilities for approved medical services by my chosen emergency contact person.
- *4. Should my pet(s) become ill or injured while being boarded and attempts to reach my emergency contact or me are unsuccessful, I understand that the doctor on duty will make medical decisions regarding my pet(s) care. I will be responsible for all medical charges associated with the management of this event. We will do our best to stay within the amount listed below, however we are required to provide timely treatment for injured or diseased animals in compliance with Pet Animal Care Facilities Act regulations.

Raintree Animal Hospital only has doctors on the premises during business hours. In the case of
an afterhours emergency, <u>I understand that Raintree Animal Hospital will transport my pet(s) to</u>
Colorado State University Veterinary Teaching Hospital (CSU) for medical assistance. I will be
responsible for all medical charges associated with the management of this event. (Current emergency
fee at CSU is \$125.00(12/2018))
(Please initial only one)

 _Do all that is necessary for my pet.	No cost limitations.
Do not spend more than \$	_in the treatment of my pet.

If I neglect to contact/pick up my pet(s) wit assume my pet has been abandoned and is h	(date) atam/pm. thin 10 days of said date, Raintree Animal Hospital may nereby authorized to take responsibility for my pet(s) a consider necessary (including euthanasia).	
*6. Does Raintree Animal Hospital have yo advertising, on our website or social media, Please circle one. Yes / No	our permission to take pictures of your pet(s) for use in or to post anywhere in our hospital?	
7. I understand that the Raintree Animal Ho	ospital does not provide 24 hour supervision.	
some reason the individual picking up is	the time of pickup. Prepay is available. Otherwise, if for not the owner (see note #10) and cannot make payment to fulfill payment requirements at the end of the pets'	
storage of the remains at our hospital unt responsibility to cover the costs of such a	ath of my pet, Raintree Animal Hospital will arrange for ill further arrangements are made, and that I assume arrangements. (As per our Pet Animal Care Facilities partment of Agriculture description 16.00 G.3.)	
· · · · · · · · · · · · · · · · · · ·	pet(s) will have any visitors and/or if someone other than se advise that a photo ID is required for visits or pickup.	
Print name:		
I have read the boarding requirements	and understand the hospital's policies.	
Signature:		
Print:	Date:	
Phone Number(s) Where I Can Be Reached:		
1		
Emergency Contact Person	Phone Number	
2Emergency Contact Person	Phone Number	
Lines going Contact I orbon		

An estimate of services will be reviewed with you. Clients may be required to make a cash or credit card down payment on emergencies, surgeries, or long-term care. If you have any financial concerns, please address them prior to admitting your pet(s).