

Client name: \_\_\_\_\_

Pet's name: \_\_\_\_\_



## Boarding & Daycare Liability Form

### REQUIREMENTS FOR BOARDING AND DAYCARE

1. All animals entering the hospital for boarding or daycare 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. Dogs are required to be up to date on rabies, distemper/parvo, Bordetella, and canine influenza vaccines. Cats are required to be up to date on rabies and feline distemper (FVRCP) vaccines.

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 not 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 seriously 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. An examination **will always** be performed prior to my contact or to my emergency contact. I understand that in the case I decline care or cannot be reached, and the doctor on staff and/or management decides care is necessary for the wellbeing of my pet, I allow management to make decisions until I am able to claim my pet. I will be responsible for all medical charges associated with the management of this event under the following guidelines: **(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.  
(Minimum amount is a physical exam of \$)

5. Dog daycare (if applicable): I understand that in daycare my dog will commingle with other dogs. I understand that multiple dogs socializing carries the risk of infectious diseases, minor injuries, etc. Dogs in daycare will be supervised by trained staff and all precautions taken to make it a fun and safe environment. I understand that Raintree Animal Hospital requires a trial of daycare and that this must be completed prior to regular scheduling.

\*6. Does Raintree Animal Hospital have your permission to take pictures of your pet(s) for use in advertising, on our website and/or social media, or to post anywhere in our hospital?

**Please circle one.**                      **Yes / No**

7. I understand that payment is due in full at the time of pickup.

8. I understand that the Raintree Animal Hospital does not provide 24-hour supervision.

9. In the extremely unlikely event of the death of my pet, Raintree Animal Hospital will arrange for storage of the remains at our hospital until further arrangements are made, and that I assume responsibility to cover the costs of such arrangements. (As per our Pet Animal Care Facilities Inspections report with the Colorado Department of Agriculture description 16.00 G.3.)

***By signing this form, I agree that I have read the Boarding & Daycare Liability form and understand the hospital's requirements.***

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

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

**Phone Number(s) Where I Can Be Reached:** \_\_\_\_\_

1. \_\_\_\_\_  
Emergency Contact Person Phone Number

2. \_\_\_\_\_  
Emergency Contact Person Phone Number