



4229 VAN BUREN BOULEVARD
 RIVERSIDE, CALIFORNIA 92503
 TEL: 951.689.0440 - FAX: 951.689.4214
 EMAIL: INFO@ARLINGTONANIMALHOSPITAL.BIZ
 WEBSITE: WWW.ARLINGTONANIMALHOSPITAL.BIZ

© ARLINGTON ANIMAL HOSPITAL, INC.

BOARDING LIABILITY RELEASE AND REGULATION

BOARDING INFORMATION

CLIENT NAME: _____ ANIMAL NAME: _____

TODAY'S DATE: _____ BOARDING ADMIT DATE: _____ BOARDING DISCHARGE DATE: _____

LEGAL OWNERSHIP & RESPONSIBILITY

You certify that you are the legal owner of the animal(s) being boarded or an authorized representative for the legal owner and as such will accept full legal and financial responsibility related to my animal(s). You understand that your animal(s) will only be released to you or your authorized representative(s) named below.

AUTHORIZED REPRESENTATIVE(S): _____

BOARDING FEES

A boarding charge will be incurred on the day of admittance but not on the day of discharge provided your animal is picked up by 12 pm. Regular boarding animals will be charged by body weight on a per day basis. Additional fees will be incurred for animals on medication or by animals that have special needs on a per day basis.

REGULAR BOARDING:

FELINE = \$22.00/DAY

CANINE = \$30.00/DAY

MEDICAL BOARDING CHARGES:

MEDICATION = \$7.50/DAY (ADDITIONAL CHARGE)

DIABETIC CASES = \$45.00/DAY (TOTAL CHARGE)

CARDIAC CASES = \$42.50/DAY (TOTAL CHARGE)

RENAL CASES = \$42.50/DAY (TOTAL CHARGE)

SPECIAL NEEDS CHARGES:

INJECTIONS = \$10.00/DAY (ADDITIONAL CHARGE)

RAW DIET = \$5.00/DAY (ADDITIONAL CHARGE)

TREATMENTS = \$7.50/DAY (ADDITIONAL CHARGE)

MEDICAL EMERGENCIES/SICKNESS/LOSS

In the event your animal becomes sick we will attempt to contact you or your listed emergency contacts. By listing an emergency contact you give them authorization to make all decisions about your animal if you cannot be reached. If we cannot contact you or your emergency contacts or in the event an emergency occurs, you give permission for the doctors and staff at Arlington Animal Hospital, Inc. to provide whatever medical and/or surgical treatment is necessary for your animal and understand that you agree to accept responsibility for all fees. You understand that if your animal becomes sick or requires emergency care, there is no guarantee of a favorable outcome and you will still be responsible for all fees. You agree that Arlington Animal Hospital, Inc. has taken reasonable care to prevent injury/death to your animal, to prevent the spread of disease and to provide security of your animal. You agree to release Arlington Animal Hospital, Inc. and its doctors and staff of all liability associated with boarding your animal, due diligence and care having been exercised.

I CAN BE REACHED AT THIS TELEPHONE NUMBER(S): _____

EMERGENCY CONTACT 1: _____ TELEPHONE NUMBERS: _____

EMERGENCY CONTACT 2: _____ TELEPHONE NUMBERS: _____

FLEAS AND TICKS

We attempt to keep our hospital flea and tick free. All animals will be checked for fleas and ticks at admittance and if fleas and ticks are found they will be treated at client expense. There is no guarantee that animals will return flea and tick free since any animal can get fleas and ticks when housed within a closed, multiple animal environment.

VACCINATIONS AND GENERAL HEALTH

It is the policy of Arlington Animal Hospital, Inc. to require proof of vaccination by veterinary record or verbal verification. Vaccination must be current within a one year period and animals must be in good general health. In lieu of vaccination your pet may have a vaccine titer panel that demonstrates adequate immunity current within a one year period. By signing this form you certify that your animal is in good general health and is not currently ill or under treatment for a contagious illness. For vaccination to provide maximum benefit, they must be administered no less than 1 week before boarding. Vaccinations administered at the time of boarding may provide partial but not maximum protection. Please indicate below if your animal is current on vaccinations or you wish to have your animal vaccinated.

MY ANIMAL(S) IS CURRENT ON ITS VACCINATIONS WITHIN THE LAST ONE YEAR.

MY ANIMAL(S) HAS AN ADEQUATE VACCINE TITER WITHIN THE LAST ONE YEAR.

PLEASE VACCINATE MY ANIMAL(S) BASED UPON YOUR RECORDS. A VACCINE OFFICE VISIT AND THE COST OF VACCINATIONS WILL BE CHARGED.

INNOCULATE MY ANIMAL(S) WITH THE VACCINES I REQUEST. A VACCINE OFFICE VISIT AND THE COST OF VACCINATIONS WILL BE CHARGED.

CANINE VACCINES: CORE: DHLPP DHLPPC BORDETELLA RABIES NON-CORE: RATTLESNAKE GIARDIA

FELINE VACCINES: CORE: FVRCP FELV RABIES

OTHER: _____

DIET/NUTRITION

All boarded animals are fed Eukanuba Low Residue. We have selected this diet as it is gentle on your pet's gastric system and less likely to cause gastric disturbances. If your animal is on a special diet or a different brand of animal food, you may provide the food and it will be fed based upon your instructions at no additional charge. Bring your animal food in a marked container with an adequate quantity for your animal's stay. If you do not provide the special diet or different brand or your animal(s) runs out of the food you provided, Arlington Animal Hospital, Inc. will charge your account for a bag of animal food that is the closest equivalent to your animal's food and feed it to your animal. Please indicate your preference below.

FEED THE HOSPITAL DIET OF EUKANUBA LOW RESIDUE. PLEASE FEED MY ANIMAL THE FOOD I HAVE PROVIDED.

FEEDING INSTRUCTIONS: FEED _____ CUPS ONCE TWICE THREE FOUR TIMES DAY
FEED _____ CANS ONCE TWICE THREE FOUR TIMES A DAY

SPECIAL FEEDING INSTRUCTIONS: _____

MEDICATION

Please bring your animal's medications along with clear instructions as to how your animal is medicated. In the event you do not provide us with instructions, we will follow the instructions on the medication container or use our best judgment. If you did not bring your animal's medication or your animal runs out of medication, we will fill a prescription at your cost for the necessary medication and administer it according to the previous medication's directions, your directions, our most current records or our best judgment.

MY ANIMAL IS NOT ON ANY MEDICATIONS

MY ANIMAL IS ON THE FOLLOWING MEDICATIONS - THEIR INSTRUCTIONS ARE PROVIDED: _____

MY ANIMAL IS ON THE FOLLOWING SUPPLEMENTS - THEIR INSTRUCTIONS ARE PROVIDED: _____

CLIENT ITEMS

We prefer not to board your animal with personal items as they can become lost, destroyed or badly soiled and may need to be disposed of for sanitary and/or health reasons. If you leave items with us, including leashes and collars, we cannot be responsible for those items and they may be lost, destroyed, soiled or disposed of and you will not be refunded money to replace or repair the items.

STRESS RELATED PROBLEMS AND OLD, CHRONICALLY ILL OR DEBILITATED ANIMALS

All boarded animals, even fully vaccinated animals, placed in stressful situations may suffer decreased immunity and gastric changes. Vaccines do not protect against all strains of disease. **All boarded animals become susceptible to sore throats, voice changes, canine cough, diarrhea, constipation, excessive grooming and shedding. We cannot be responsible for costs associated with these conditions if they arise during or after boarding and you agree not to hold us liable for any costs associated with these conditions.** We do not recommend boarding for extremely old, chronically ill or debilitated animals. These animals have a significantly higher risk of injury, progression of illness, debilitation and susceptibility to disease. Arlington Animal Hospital, Inc. will make reasonable attempts to accommodate your animal but this may not be feasible in all cases. You agree to be responsible for any costs that may be associated with treating these conditions under the provisions of Medical Emergencies/Sickness/Loss.

GROOMING SERVICES

You may request the following grooming services while your pet is here. Brushing/bathing services will be performed the day prior to you picking up your pet. If you wish to use a specific shampoo please provide the shampoo or we will select our regular hospital cleansing shampoo. Please check the following boxes below for the services you wish.

- I DO NOT REQUEST ANY GROOMING SERVICES.
 TOENAIL TRIM - \$20 CHARGE, DIFFICULT PETS WILL INCUR AN ADDITIONAL \$5 CHARGE
 BRUSH OUT (PRICE ADJUSTS BY HAIRCOAT): SMALL PET-\$20-\$30, MEDIUM PET-\$25-\$35, LARGE PET-\$30-\$40, GIANT PET-\$35-\$45
 BATH & BRUSH OUT (PRICE ADJUSTS BY HAIRCOAT): SMALL PET-\$30-\$40, MEDIUM PET-\$35-\$45, LARGE PET-\$40-\$60, GIANT PET-\$50-\$70
 FLEA/TICK DIP: SMALLPET-\$30, MEDIUM PET-\$40, LARGE PET-\$50, GIANT PET-\$60
 EAR HAIR PLUCK - \$15 EAR CLEANING - \$35.00 CHARGE

BOARDING EXTENSIONS

Unforeseen events do occur. In the event that your animal cannot be picked up on the designated day, call us prior to the discharge day or as soon as reasonably possible to inform us of the delay and provide us with a new discharge day. Animals left for more than 5 days passed the discharge date without owner contact will be considered abandoned. Please take our business card with you as it contains all contact information for the hospital.

I have read, fully understand and agree to the conditions of the Boarding Liability Release and Regulations form.

NAME OF OWNER OR AUTHORIZED AGENT

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE