

BOARDING REGISTRATION FORM

Please Note: As a veterinary facility, all dogs and cats boarded at Treehouse Animal Clinic ("TAC") must be current on vaccinations (documentary proof required) – including, if applicable, received *Bordetella* vaccine within the past 12 months, dogs must be current on monthly heartworm preventative, and pets must be free from external parasites (i.e., fleas/ticks).

Client's Name: _____ Pet's Name: _____

Telephone Numbers/email address where **I can be reached in case of emergency:**

Email _____

Please read the following and answer to the best of your knowledge. This will help us make your pet's stay with us an enjoyable and safe as possible:

1. Has your pet ever bitten another pet or a person? _____
2. Does your pet have any behavioral issues that we should know about (fear of men, thunderstorm anxiety, blanket chewing, aggression with food or toys, etc.)? _____
3. Is your pet an escape artist? Or does your pet jump or dig under fences? _____

After reading the following statements pertaining to boarding your pet at our facility, please write your initials alongside the paragraph to show your **acknowledgement and acceptance** of these conditions:

_____ I acknowledge that Treehouse Animal Clinic (including its owners and staff) provides boarding for numerous pets and strives to provide appropriate care for all pets, in accordance with daily observation of the pets, and, if applicable, the client/owner's special requests. Although veterinarians are available during business hours, I understand that boarding my pet(s) does not include daily veterinary care. However, a veterinarian will be notified in the event of emergency or abnormal health concerns during boarding.

_____ **I understand that boarding my pet(s) at any facility, including Treehouse Animal Clinic, involves placing my pet in unfamiliar surroundings.** As a result, I understand that my pet might show signs of excitement, stress, and/or aggression while around other animals. I agree to hold Treehouse Animal Clinic (and its owners and staff) harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, my pet's weight loss or gain, strained vocals, diarrhea, chipped nails or teeth, illnesses that become aggravated due to stress, rough hair coat, and/or upper respiratory cough.

_____ In the rare occurrence that my pet is injured while boarding, **I understand and accept, in the absence of gross negligence by TAC staff, that (for the reasons mentioned above) I will not hold the owners, the staff, or its representative agents as being liable for any injuries or deaths related to my pet(s)'s boarding at Treehouse Animal Clinic. I will assume responsibility for all costs to treat my pet(s) for any injuries he/she might sustain while boarding at this facility.**

_____ I acknowledge and understand that, even though Treehouse Animal Clinic does provide boarding care for my pet during non-business hours, that **only during business hours will I be able to pickup my pet from boarding.** I have familiarized myself with TAC's business hours and agree that if I am unable to pick up my pet as scheduled (by the end of business day), I will be charged for additional days of boarding and/or medical care and treatment, as applicable. My pet will not be released until boarding costs have been paid in full.

IN CASE OF AN EMERGENCY OR SITUATION WHERE VETERINARY CARE MAY BE REQUIRED DURING BOARDING, WE WILL ALWAYS ATTEMPT TO CONTACT OWNER PRIOR TO TREATMENT – BY PHONE, TEXT AND/OR EMAIL.

However, in the event that we cannot reach you in a timely manner for **your verbal consent** or instructions **prior to rendering emergency care/medical treatment on your pet**, please read each of the following boxed paragraphs (Accept or Decline Medical Treatment) and sign/date accordingly:

MEDICAL TREATMENT REQUESTED during Boarding

I consent for ANY emergency treatment and medical care that the veterinarian decides is necessary to be rendered to my pet during boarding. I acknowledge and understand that there are no guarantees as to the outcome of the medical procedure(s)/treatment being rendered on my pet. I understand that **I will be responsible for all costs related to any medical care and/or emergency care provided to my pet.** I understand that payment in full for all costs for emergency care, and boarding, will be my responsibility.

(Initial the applicable statement below)

_____ Please provide whatever medical care/treatment the veterinarian deems necessary on my pet while boarding (cost is not an issue).

_____ Please provide medical care/treatment that the veterinarian deems necessary on my pet while boarding - **as long as I will not incur more than \$** _____ **for my pet's** medical care/treatment.

Owner's Signature: _____ Date: _____

****OR****

MEDICAL TREATMENT DECLINED during Boarding

I accept that potential risks of injuries, some of which appear on this form, might occur to my pet as a result of boarding. I do not want any resuscitative medical care or emergency treatment to be provided to my pet while boarding at Treehouse Animal Clinic. **I agree to release the boarding facility from liability and agree to release Treehouse Animal Clinic, HW Vet, Inc., the owner, staff, agents and representatives of TAC, from all claims of damages, and release them from liability for any potential claims for harm or damages (except in case of willful negligence or intentional misconduct) related to, or in the event of, my pet's injury (-ies) or death during boarding.**

Owner's Signature _____ Date: _____

I hereby acknowledge that I have read and understood all of the above statements on BOTH (2) PAGES of this Boarding Registration form. I affirm that I have been encouraged to discuss any concerns I have about boarding my pet. I affirm that all my questions related to boarding my pet at Treehouse Animal Clinic have been answered, to my satisfaction, prior to signing.

Owner's Signature _____ Date: _____