

**Homosassa Animal and Bird Hospital: BOARDING ADMISSION FORM**

**Owner's Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Emergency Phone Number(s):** \_\_\_\_\_

1. All pets boarding must be current on vaccinations. Pets will be examined for fleas and other parasites. If the pet is found to have parasites during the stay, they will be treated as the doctor determines, and the cost of the treatments will be added to the total bill.
2. If the pet must be separated from the general population and put in quarantine, added charges for quarantine procedures may be added to the total bill. If the pet is found to be aggressive and dangerous to the staff or other animals, additional charges may be added to the bill. We reserve the right to refuse boarding of animals that may be aggressive and/or dangerous to the staff.
3. We will try to bathe all dogs after seven nights as a complimentary service. However, if the pet's health or temperament makes it hazardous to the staff or the pet, the pet will not be bathed.
4. If the pet is to be picked up by someone other than the owner, prior arrangements must be made with the hospital regarding the bill. Photo identification will be required from the person picking up the pet.
5. All reasonable precautions will be used to prevent injury and escape of the pet. Homosassa Animal and Bird Hospital is not responsible for the actions of the pet that may cause injury and escape.
6. All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. Homosassa Animal and Bird Hospital is given authorization to dispose of pet(s) as they deemed best, including euthanasia (putting to sleep).

**REGARDING THE TREATMENT OF MY PET DURING ITS STAY:**

**Option A**

Treat my pet as needed. Do any and all diagnostic testing, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet. If medical treatment should become necessary that is beyond the scope of Homosassa Animal and Bird Hospital, I authorize transfer of my pet to the referral facility the doctor deems in my pet's best interest.

**Option B**

Treat my pet as needed, but do not exceed \$ \_\_\_\_\_ without contacting me at the emergency numbers I have provided. I understand Homosassa Animal and Bird Hospital will not be able to continue treatment without my authorization. I authorize administration of medication to control pain and keep my pet comfortable until I can be reached or return to pick up my pet. I accept financial responsibility for medications/treatments to keep my pet comfortable in these circumstances.

**Option C**

Do not treat my pet for any medical condition or emergency. I understand this option is a DNR (Do Not Resuscitate) and will not hold Homosassa Animal and Bird Hospital responsible.

**Admission Date:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_

**Feeding Instructions:**

\_\_\_\_\_

**Medications:** \_\_\_\_\_

**Special Instructions/Services:**

\_\_\_\_\_

**Admissions/Discharges are from 8:00am – 5:30pm Monday – Friday and 9:00am to 1:00pm Sat-Sun.**

**Authorized Signature:** \_\_\_\_\_