



Date _____

BOARDING ADMISSION FORM

This form is available to download on our website www.elliottbayah.com

**** KEEP ON FILE (DOGS) ****

Client Name _____ Dog Name _____ Date _____

1. Is your dog on a prescription diet? YES NO Specific Brand _____ Dry Can

2. If your dog is *NOT* on a prescription diet, with what brand or base (**chicken, lamb, etc**) do you feed at home:

_____ Dry Can

3. How much do you normally feed your dog(s)? AM: _____ PM: _____

4. Please list any food, drug, or environmental allergies your dog might have.

5. Please advise us if your dog has any history of aggression towards other people or other animals.

REQUEST TO EXERCISE: I, _____, hereby request and give my permission for Elliott Bay Animal Hospital, including its employers or independent contractors, to exercise my dog(s) named _____ in the on-site, outdoor, enclosed designated play area. I am aware my dog (s) may be paired with one or two other dogs with the same energy level and attitude for their playtime session. I understand the risks involved, and I release Elliott Bay Animal Hospital, including its owners, managers, employees, and independent contractors harmless from any or all injury, harm, damage, or loss caused by my dog while being exercised on-site.

This request, release, and hold harmless shall remain in effect unless and until revoked by me in writing and acknowledged by Elliott Bay Animal Hospital.

I have read the above provisions: Signature _____ Date _____

Boarding can be stressful. For example, some dogs develop diarrhea due to change of environment or diet. In the event that your dog develops diarrhea while boarding, **every attempt will be made to contact you or the designated emergency contact that you provided for us. IF WE DO NOT REACH YOU**, we will provide appropriate medical care and the additional fees will be applied to your account. _____(initials).

IN THE EVENT A HEALTH CONCERN EMERGES AND I CANNOT BE REACHED

**** MUST CHECK ONE ****

____ I authorize Elliott Bay Animal Hospital to do whatever is necessary and I will pay any additional charges.

____ I authorize necessary procedures/expenses (\$350 minimum) up to \$_____ beyond standard boarding charges.

****Continue on Back****

Boarding Policy

We are a full service veterinary hospital that also provides boarding services for our client's dogs. *As such, we provide the same high standards of medical care for our boarding dogs that we do for our hospital patients.* In our experience, a few animals are not good candidates for boarding and may become ill, or their chronic conditions may worsen during their stay. *Please be advised that any observed, untreated, or worsening pre-existing chronic health conditions that are causing your dog pain and discomfort during his/her boarding stay will be treated by our doctors at our standard rate.* Any health condition observed with your dog deemed non-emergent will be noted and you will be advised upon your return of any additional medical, dental, or surgical procedures recommended for your dog.

Boarding multiple dogs in the same enclosure is discouraged in most cases, because the added excitement and crowding can cause family dogs to fight and inflict unexpected, and potentially serious injury to one another. If a medical condition develops with your dog, ***every attempt will be made to contact you or the designated emergency contact that you provided for us.*** **IF WE DO NOT REACH YOU**, we will provide appropriate medical care as designated below and the additional fees will be applied to your account. _____(initials).

In the rare event that a **LIFE-THREATENING EMERGENCY arises with your dog and we are unable to reach you**, we will proceed with every necessary life support measure including surgery, in order to save your dog's life while we continue to attempt to contact you. Should your dog require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number (s). Payment for all services rendered will be due upon your return.

Please indicate by signing below how you want us to manage the care of your dog in a life-threatening emergency.

1. Please treat my dog _____ for any medical emergency or pre-existing medical condition that is worsening or causing my dog pain or discomfort. I understand that Elliott Bay Animal Hospital will make every reasonable attempt to contact me at the emergency numbers that I have provided, but will proceed with treatment to alleviate pain and to save my dog's life, if unable to reach me. I agree to pay all charges associated with rendering medical services to my dog.

Signature _____ Witness _____ Date _____

2. Please do not render any treatment to my dog _____. I authorize you to humanely euthanize my dog and hold the body until I return.

Signature _____ Witness _____ Date _____

All dogs entering Elliott Bay Animal Hospital must have a physical exam from one of our doctors within one year, must be current on all required vaccines, and be free from internal and external parasites. If these conditions are not met, the appropriate services will be provided and you will be charged accordingly. Dogs will be released only during regular office hours and payment is required at that time. If you neglect to pick up your dog within 5 days of the pick up date above, Elliott Bay Animal Hospital may assume the dog(s) is abandoned and is authorized to relinquish or humanely dispose of the dog(s) as they deem necessary.

SIGNATURE _____ DATE _____

Thank you for allowing us to care for your pet!