

Mauer Animal Clinic Boarding Consent Form

Owners Name: _____

Pets Name: 1. _____
 2. _____
 3. _____

Dates of Boarding--Drop off date _____
 --Picking up _____ Am or Pm (Circle one)

Note: Pets are not released between 12:00pm-2:00pm Monday through through Friday, nor are they released after 12:00 noon on Saturdays or anytime on Sunday unless prior arrangements with the Doctor on duty of day of release have been established.

Emergency contact phone #: _____

Person: _____

Is your pet currently on medications or special diets and if so what medications or diets?

Name of diet _____

Name(s) of medication 1) _____
 2) _____
 3) _____
 4) _____

There is a _____ daily charge per pet for treatment of boarders.

To protect all animals in our facility the clinic requires all vaccines (Distemper, Parvo, Parainfluenza and Rabies for dogs and FVRCP + Rabies for cats) to be current prior to boarding. Written proof must be presented if vaccinated elsewhere. If the pet is due for vaccinations these will be administrated with the owner accepting full financial responsibility. Bordetella is optional. Yes or No _____

Rate/ Day		Daily charge for medication administration		# of days	Total
	+		×		=

					+ Vaccinations

Total estimate for Boarding					_____

If your pet should need to be left longer than the original date, as long as boarding space permits the boarding rate will prevail. If all boarding spaces are full then you would have to use one of our hospitalization cages which are more expensive per day due to the fact they are reserved for surgical and medical cases.

Should my pet require medical care while boarding I give permission for that treatment. I request that every reasonable attempt be made to contact me by phone, but if that is not possible I agree to assume the financial responsibility for all charges incurred and agree to pay for the charges at the time my pet is picked up. I understand that Mauer Animal Clinic will take every precaution to insure my pet's health and safety during their stay but that they will not be held liable for loss or damage from disease, death, theft, fire or other unavoidable causes, due diligence and care having been exercised. I also understand that if I or my authorized agent do not pick up my pet within ten days of the date agreed upon as the pick up date from the clinic, Mauer Animal Clinic may dispose of the animal as per the Nevada Abandoned Animal Law. I realize in the case of such disposal I am still responsible for all accumulated charges and legal and or court cost incurred in connection with collection of those charges.

I have carefully read the above and agree to the terms above.

Signature _____

Date _____