



BOARDING ADMISSION FORM

Owners Name:

Admission Date:

Patient's Names:

Alternate Number to Reach

Emergency Agent:

Agent Allowed to Pick Up:

Emergency Tel #:

Anticipated Pick Up Date:

DELUXE ACCOMODATIONS INCLUDING

Lodging in our kennels or runs suite to your pet's size *Up to three daily feedings with our sensitive stomach food or owner-provided food* * Quarters cleaned and sanitize at least twice daily* * Three daily individual leash walks in our enclose walk area*

FEEES

_____ Cat Accomodations	per day	Additional Cat	per day
_____ Large Kennel Accomodations (24"x30").....	per day	Additional Dog	per day
_____ Runs (42"x 60").....	per day	Additional Dog.....	per day

** Charges are per night. Pick up after 1:00 pm counts as an additional night. **

ADDITIONAL SPECIAL SERVICES

You may request that special services be provided while your pet is in our care. The additional services we provide are:

- VIP Boarding:** Including additional play time, upgraded bedding, daily brushing & special treats..... per day
- Spa Package:** nail trim, ear cleaning & anal gland expression....
- Medications:** medication treatment to be given in the hospital.... per day (additional cost for using in house medications)
- Nail Trim:** a complete nail trim will be performed for

CONDITIONS OF BOARDING

1. All pets boarding must be current on vaccinations. Written proof from the pet's veterinarian must be provided before boarding pet(s).
2. If your pet is found to have a parasitic condition, suspicion of possible contagious disease, or if severe aggression toward other dogs or staff, the pet will be treated as deemed necessary by Aloha Animal Hospital's veterinary staff and the cost of the treatments, quarantine or special handling will be added to the total bill.
3. We offer a complimentary bath to all dogs boarding 3 nights or more. However, if the pet's health or temperament makes it hazardous to the pet or to the staff, the pet will not be bathed. If you are going to pick up your pet earlier than your scheduled pick up date, please inform us as soon as possible so that we can make arrangements to ensure your pet is bathed prior to discharge.
4. If your pet is to be picked up by someone other than the owner, arrangements must be made with Aloha Animal Hospital regarding the bill at check in. The authorized pickup Agent must be listed above and must supply a photo ID before pet will be released to their care
5. All reasonable precautions will be used to prevent injury and escape of the pet. Aloha Animal Hospital is not responsible for the actions of the pet that may cause injury or escape.
6. If a pets stay needs to be extended do to any circumstances, we require that the owner or authorized agent call to confirm that an extension of the boarding stay is available. If a stay cannot be extended due to reservations of other clients, the pets must be picked up as scheduled by an authorized agent. All pets not picked up on the scheduled day of discharge will incur a charge of one and one half times the regular daily rate for the first day and two times the regular daily rate for each additional days stay. Pets not picked up within 10 days after the expected date of discharge will be considered abandoned and Aloha Animal Hospital is given the authorization to relinquish care of the abandoned pet to an appropriate agency.
7. I understand that staff is not present during non-business hours.

MEDICAL TREATMENT

- Treat my pet as needed. Do any diagnostic tests, treatments & procedures necessary for the well-being of my pet.
- In the event my pet experiences a life threatening problem, treat only life threatening issues as medically necessary but do not exceed \$ _____ if treatments will exceed this amount, please contact me.
- I decline any test or treatments until I am contacted, even if the situation is life threatening. I accept all risks and responsibility involved in refusing treatments and cannot hold Aloha Animal Hospital at fault for any permanent health damage or loss of life.

I understand and agree to all of the conditions of boarding and the above initialed consent. I also authorize emergency agents listed above to act in my behalf on medical decisions if I am unreachable. I accept responsibility for any additional charges incurred based on my authorization of those listed above.

Signature:

Date