



4601 N. Rancho Dr., Las Vegas, NV 89130  
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## Boarding Release Form

Client ID: %clientid%	Patient ID: %patientid%	Breed:
Client Name: _____	Patient Name:	Weight:
Address: _____	Species:	Birth Date:
Phone: _____	Sex:	Color:
Phone number where we can reach you today:	Date:	Employee Initials: [    ]

Boarding Dates: [ \_\_\_\_\_ ] to [ \_\_\_\_\_ ] Pick Up Time\*: [ \_\_\_\_\_ ] Boarding Type: [ ] Run [ ] Kennel(L/M/S) [ ] Isolation

{\*Please call our office if you cannot pick-up your pet on the scheduled pick-up date. Space is limited and we cannot always accommodate extended stays.

Failure to call will result in an additional **\$2.00 per pet per night charge.** }

- **Emergency Contact & Phone:** \_\_\_\_\_ & \_\_\_\_\_
- **PERSON(S) AUTHORIZED TO DROP-OFF OR PICK-UP MY PET(S):** \_\_\_\_\_ & \_\_\_\_\_
- **Consent to vaccinate if vaccinations are due?** [ ] Yes [ ] Declined [ ] Not Due
- We recommend that your dog be vaccinated for Canine Influenza before being placed in a boarding environment. It is a relatively new disease and can be fatal. It is highly contagious and many dogs do not show symptoms while shedding the virus.
  - **Would you like us to vaccinate your pet for Canine Influenza?** [ ] Yes [ ] Declined [ ] Not Due
- Consent to perform **fecal** if fecal due (cost \$28.33)? [ ] Yes [ ] Not Due
- Kennel Bath to be given: [ ] Yes [ ] No (If Yes What Day/Time: \_\_\_\_\_)
- Is pet on any medications? [ ] Yes [ ] No (If Yes Please list: \_\_\_\_\_)
- Any additional services you would like to add?
  - TLC Package [ ] Yes [ ] No
    - Qty: [ ] TLC Package 1 (One 15 min. session) \$8.80 a day per pet
    - Qty: [ ] TLC Package 2 (Two 15 min. sessions) \$16.50 a day per pet
    - Qty: [ ] TLC Package 3 (Three 15 min. sessions) \$24.20 a day per pet
  - Grooming Package [ ] Yes [ ] No
  - Full Exam [ ] Yes [ ] No
  - Dental [ ] Yes [ ] No
  - Spay/Neuter [ ] Yes [ ] No [ ] N/A
- Specific request for Doctor? [ ] Yes [ ] No (If Yes Please list: \_\_\_\_\_)

### ADDITIONAL/EMERGENCY MEDICAL CARE

In the unlikely event that your pet develops a medical condition while boarding, minor or extensive treatment may be required, as deemed necessary by the doctor. We will make every effort to contact you in the event of a problem. If we are unable to reach you in the event of an emergency, please authorize how you would like us to proceed with diagnostic testing and treatment:

<input type="checkbox"/>	Treat up to this amount if I can not be reached. \$ _____
<input type="checkbox"/>	Treat as doctor deems necessary, regardless of cost.
<input type="checkbox"/>	Do not treat until I can be reached.
<input type="checkbox"/>	If you refuse treatment, this may lead to serious health problems, or even death, in some cases.

### PET ABANDONMENT

- I understand that if I fail to communicate with the hospital staff regarding my pet(s) boarding/ hospitalization/ payment / or arrangements for pick up with-in 5 days of signing this consent, Caring hands animal hospital will consider your pet(s) abandoned.

[ ] (Initials)

- Thus, I understand that Caring hands animal hospital has the right to discharge my pet over to animal control, rescue group, or place pet up for adoption at their discretion. [ ] (Initials)

\*N.R.S. 108.540 Any person furnishing feed, pasture or otherwise boarding any animal(s), at the request or with the consent of the owner, has a lien upon the animal(s), and may retain possession thereof until the sum due for the feed, pasture or board has been paid. Before foreclosing the lien by sale, the person furnishing the feed, pasture or board shall mail a registered or certified letter to the owner of the animal(s), at the owner's last known address, demanding payment. Any person who takes and drives away any such animal(s), while in the possession of the person feeding, pasturing or boarding them, without the consent of that person, and without first having paid all reasonable charges due thereon, is guilty of a misdemeanor.

### Media Release Form

#### Name/Photo Release Form

Please check only one of the following:

<input type="checkbox"/>	I GIVE my permission for mine or my pet's name and/or photo to appear in Caring hands animal hospital sponsored publications, newspaper articles, TV Cable shows, Web pages, and social media sites.
<input type="checkbox"/>	I DO NOT GIVE permission for mine or my pet's name and/or photo to appear in Caring hands animal hospital sponsored publications, newspaper articles, TV Cable shows, Web pages, and social media sites.

CLIENT SIGNATURE: %clientsignature%      DATE: %MMMM\_dd\_yyyy%

#### FINANCIAL RESPONSIBILITY

I understand that I am fully responsible of payment for services rendered to my pet(s) upon pick-up. Therefore, I understand that I am in violation of above Nevada revised statute (N.R.S. 108.540 ) and/or at risk of being sent to a collection agency if I fail to provide payment for those services or uphold my agreement on promissory arrangements. [ ] (Initials)

#### FINAL CLIENT AUTHORIZATION

Please read carefully, and initial in each box below.

- This is to certify that I have been informed of and agree to the policies regarding boarding including vaccinations and all associated costs as the hospital staff has explained them to me. [ ]
- A hospital staff member has explained to me that the hospital is not staffed with personnel overnight. [ ]
- The hospital and staff will not be held liable for any problems that develop provided they have taken all reasonable care and precautions against injury, escape or death of my pet(s). [ ]
- This is to certify that I understand the risks to my dog if I decline to vaccinate against Canine Influenza. [ ]
- I fully understand that I assume all risk while boarding my pet(s) including any risk associated with boarding my pets together in the same run.[ ]
- If my pets need to be separated while boarding, I understand I will be charged for an additional kennel. [ ]
- I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the pet described above. I authorize the doctor and assistants to perform the procedures listed above, including administration of pain relief medications, sedatives, and/or anesthetics, as well as any necessary medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the pet. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made. I understand the reasons for and the risks of the above procedure(s), and assume full financial responsibility. [ ] (Initials)

**DATE:**

**CLIENT SIGNATURE:**