

**Adobe Animal Hospital
3140 Trawood Dr.
El Paso, TX 79936
(915) 855-6966**

Boarding Consent Agreement

Before being admitted for boarding, I understand that my pet must be current with all recommended, age appropriate vaccinations, and that he will be treated for fleas and ticks. This is to protect my pet, and any other pet that may be boarding at Adobe Animal Hospital, from parasites or disease. The necessary vaccinations are listed below.

Canine: DA2P+P, Bordetella, Rabies

Feline: FVRCP, Feline Leukemia, Bordetella, Rabies _____

I understand that Adobe Animal Hospital will take every reasonable precaution to protect my pet while he is in the hospital's care. However, should my pet become ill or injured during his stay, I give Adobe Animal Hospital permission to treat, operate on, or prescribe any necessary medication needed for my pet's well being.

I understand that Adobe Animal Hospital will take care not to misplace or mishandle any belongings left with my pet. However, should these belongings be misplaced, lost, or damaged, I will not hold the hospital responsible for these items.

I understand that Adobe Animal Hospital will only release my pet to me, or an assigned agent, during regular business hours.

Monday thru Friday 7:30 a.m. until 6:00 p.m.

Saturday 7:30 a.m. until 12 noon

If my pet is not claimed by the appointed date, my pet will be considered abandoned and Adobe Animal Hospital will begin necessary action required by law.

I assume all risks involved in association with boarding, including possible escape of my pet. I will not hold Adobe Animal Hospital responsible for any harm that may befall my pet.

I understand that I am responsible for all costs incurred as stated above.

I have read the foregoing and agree to all conditions stated within:

Signature of owner/representative of owner

date

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My pet(s) _____ will be boarded at a rate of \$ _____ per night. _____

_____ will be boarded at a rate of \$ _____ per night. _____

TECH _____ RECEPTIONIST _____

_____ will be boarded at a rate of \$ _____ per night. _____
_____ will be boarded at a rate of \$ _____ per night. _____

Will be boarding until _____

Emergency Contact Phone Number(s) where I can be reached:

(1) _____
(2) _____

Please list below any medications your pet is taking and explain how often the medication should be administered to your pet: (A \$2.00 fee will be applied each time medication is administered)

Medication (1) _____ Frequency: _____

Medication (2) _____ Frequency: _____

Medication (3) _____ Frequency: _____

Medication (4) _____ Frequency: _____

Please list below any special diet your pet may be on and explain how often your pet should be fed:

Diet (1) _____ Frequency: _____

Diet (2) _____ Frequency: _____

Please list below any items that you are leaving with your pet:

Item (1) _____ Item (2) _____

Item (3) _____ Item (4) _____

Item (5) _____ Item (6) _____

I do _____ I do not _____ want my pets to be boarded together in the same run/kennel.
(Applies to pets of the same family only)

Check In Weight _____

Check Out Weight _____

TECH _____ RECEPTIONIST _____