

c) I decline any treatment for my pet. I understand that this may leave my pet in a state of untreated pain and suffering and could result in death. I understand that the veterinarians at Arrowhead Veterinary Clinic feel that my pet is undergoing needless pain and suffering due to the lack of medical care, the veterinarians are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.

Signature:

Date:

Additional Services Request: Please note any additional services for your pet are provided at an additional cost.

CHECK HERE TO INDICATE YOU UNDERSTAND REQUESTED SERVICES ARE ADDITIONAL COSTS

AUTHORIZATION:

Pick-up Times: Boarders are released ONLY during our normal office hours. We will NOT release a pet before or after our normal office hours or on days when we are closed (i.e. Sundays & Holidays). If you have requested to have your pet bathed at the end of their stay, please pick your pet up after 4pm to allow for adequate drying time.

CHECK HERE TO INDICATE YOU UNDERSTAND OUR PICK-UP TIMES.

Vaccination/Parasite Control Requirement: For your pet's protection, proof of current vaccination is required at least 2 weeks before you drop-off your pet. It is the policy of Arrowhead Veterinary Clinic that all dogs boarding with us are current on Rabies, Distemper Virus, Parvovirus, Leptospirosis, Bordetella, and Influenza vaccinations, and that all cats are current on Rabies and FVRCP vaccination. In order to maintain a flea-free environment for all of our guests, all pets that arrive for boarding will be treated with Capstar at admission to boarding and at discharge.

CHECK HERE TO INDICATE YOU UNDERSTAND OUR VACCINATION/PARASITE CONTROL REQUIREMENT AND THAT YOU UNDERSTAND THAT ADDITIONAL FLEA CONTROL WILL BE ADMINISTERED AT YOUR EXPENSE.

Boarder Belongings: Boarding guests are welcome to bring toys or blankets. Although we make every effort to care for these items, Arrowhead Veterinary Clinic cannot be held responsible for belongings that are lost or damaged. We provide clean, comfortable bedding and toys for our boarding guests.

CHECK HERE TO INDICATE YOU UNDERSTAND OUR BELONGINGS POLICY.

SIGNATURE:

I am the owner or agent for _____ and I have the authority to execute this consent. I authorize Arrowhead Veterinary Clinic to administer services and treatments noted above while _____ is being boarded. I understand that Arrowhead Veterinary Clinic does not provide 24 hour supervision and that medical supervision is available only during normal office hours. For dogs, I authorize outdoor leashed walks for my pet and exercise in a fenced yard. For cats, I authorize free time outside of boarding cage for exercise. I have read and I understand the policies stated above and understand that payment is due at the time of pick-up.

Signed (Owner/Agent):

Date: