



MARKET LANE ANIMAL HOSPITAL BOARDING CONSENT FORM

NAME: _____

PET'S NAME: _____

TELEPHONE: _____

BREED/SEX: _____

I am the owner of the animal described herein or am the responsible agent for it and have the authority to execute this consent. I hereby consent to and authorize the performance of the following procedures:

Boarding: \$	+ tax per night X _____ nights	\$ _____
Other services:	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____
	4. _____	\$ _____
	5. _____	\$ _____
	TOTAL:	\$ _____

1. Note: Vaccinations are essential. In order to protect all animals staying in this facility against contagious diseases, all boarding pets must be up to date on their vaccines within the past 12 months including Bordetella vaccine for dogs to avoid the transmission of Kennel Cough. Animals that are not fully vaccinated will not be accepted for boarding unless vaccines are updated prior to or upon admission.
2. The owner/agent of the owner warrant that this (these) animal(s) have been vaccinated against contagious diseases within the past 12 months (proof must be provided) INITIAL _____
3. The owner/agent of the owner recognize that the animal's vaccination status is not up to date and wish to have these vaccines updated today. INITIAL _____
4. In the event of illness, I the owner/agent of the owner consent to pay all medical costs incurred in the diagnosis and treatment of the pet's condition while under the care of this facility. INITIAL _____
5. Market Lane Animal Hospital may have a veterinarian treat/hospitalize your pet if deemed necessary. Every attempt will be made to contact you should this occur. You agree to pay any and all medical charges prior to taking your pet home. INITIAL _____

****Please be advised that we are not a 24 hour facility and there is no overnight attendant**

I understand the risks that may be involved. I have had the fees for the above procedures outlined to me and I agree to pay all such fees and charges in full at the time of the services rendered or upon discharge of the animal(s) from the hospital. In the even that I am unable to pay all fees in full, the hospital reserves the right to keep the above-mentioned animal(s) hospitalized until such time as the fees are paid.

Date: _____

Signature of Owner/Agent _____

- Emergency contact person _____ Phone # _____
- Pick-ups after closing time will be charged a \$5.00 late fee for every 15 minutes. INTIAL _____