

KINGSTON ROAD ANIMAL HOSPITAL

AUTHORIZATION FOR BOARDING

PLEASE READ

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of my pet, _____ . I hereby give the staff veterinarian, his agents, servants, and representatives of Kingston Road Animal Hospital permission to board my pet for the duration specified: _____

I understand that every precaution is taken to keep my pet, _____, safe and healthy at all times. However in the event of illness, injury, escape or failure to eat, I hereby release Kingston Road Animal Hospital from and against all liability directly or indirectly arising from the boarding of my pet, _____.

I also understand that any unforeseen conditions that may arise during my pet, _____'s stay may, in the opinion of the staff veterinarian, require procedures or treatments and that anaesthesia **may** be necessary in order to perform them. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However if the efforts are unsuccessful, I authorise the performance of any procedures or treatment which are necessary in the professional opinion of the staff veterinarian.

I understand that pets that have fleas or other parasites will be treated and I will be billed accordingly. I understand that medications that need to be administered are subject to a daily administration fee in addition to the cost of the medication.

I have agreed to pay for the above procedures and related clinic fees. I will pay this money at the time my pet is discharged and hereby acknowledge my indebtedness. I understand that I may have a written estimate if I so request. First time boarders will be required to leave a deposit equal to 50% of the estimated charges.

HOSPITAL POLICY

1. Our fees are based on the current year fee schedule of the Ontario Veterinary Medical Association (OVMA)
2. Fees must be paid on the day of treatment. For your convenience, we do accept VISA, MASTERCARD, INTERAC, or CASH. Do not hesitate to discuss our fees with us if you have any questions.
3. The goal of our practice is that you attain the highest level of health possible for you, and that the staff is all working with you to achieve this. Part of your contribution to achieving your optimum health, is making and keeping regularly scheduled appointments. As much as possible, the appointments are made to fit into your schedule as well as ours. Any change in scheduling or missed appointments may affect other patients in need of treatment.
4. Appointments are reserved exclusively for you. We will attempt to remind you of your appointment a day or two in advance, however, it is your responsibility to keep your appointments.

Procedures to be performed during stay:

Vaccines Fecal Nail trim Bath Dr. Exam Blood work

Any pre-existing medical problems that require special attention, or current concerns we are not already aware of: _____

I have read and understood this consent form.

Owner's Signature (Or Agent)

Date

Contact Phone Number: () _____

Emergency Contact: Name: _____ Phone Number: () _____

Check In Date (& time): _____

Check Out Date (& time): _____