



Main Street Animal Clinic

Boarding consent form

Owner's Name: _____ Pet's Name: _____

Phone number: _____ Email: _____

Emergency Contact: _____ Phone number: _____

____ I, the owner or designated agent of the animal listed above, hereby authorize MAIN STREET ANIMAL CLINIC to board my pet and acknowledge that this consent form is for the entire length of the client's contract with MAIN STREET ANIMAL CLINIC.

____ As the owner of said animal, I realize that I am responsible for boarding fees, and any other associated costs. And for the payment of services to be paid in full at the time the pet is dropped off.

____ Should my pet become ill during his/her stay at MAIN STREET ANIMAL CLINIC I authorize the attending doctor to treat at his/her discretion including but not limited to medical treatment, surgical treatment, and/or transfer to emergency services. I understand that medical intervention will be administered until I am able to be reached for further consent. I agree to be responsible for any and all charges incurred.

____ I confirm that at the time of drop-off my pet is in good health and current on required vaccinations. I have furnished proof of vaccination if done at an outside facility.

____ I acknowledge and agree that if my pet is not currently vaccinated with the required vaccines my pet will be examined and vaccinated by the attending doctor. This will occur at my expense.

____ I understand that MAIN STREET ANIMAL CLINIC has the right to terminate the boarding contract at any time if my pet presents a risk of injury to staff or other animals.

____ I understand that my pet will be checked for fleas and ticks, even if current on flea/ tick medications upon arrival at the boarding facility. If, fleas and/or ticks are found to be evident I understand and agree that my pet will be treated accordingly at my expense.

____ I acknowledge that reasonable efforts have been made to ensure the safety of my pet while boarding at MAIN STREET ANIMAL CLINIC but cannot be guaranteed. Additionally, I understand that all hospital staff is released from liability in the event that my pet is injured, escapes or becomes ill.

____ I acknowledge and agree that if my pet is not collected within five (5) days of the scheduled pick-up date, my pet will be considered abandoned, the hospital is authorized to remedy the abandonment as prescribed by law.

____ I further understand that if my pet is considered abandoned and the remedy is enacted I release any all-future rights to my pet and will not be informed of the outcome.

____ I acknowledge and agree that if my pet is abandoned, it does not absolve me of my financial obligation for services rendered and fees associated with the abandonment, collection action, and/or legal services

____ I acknowledge and agree that MAIN STREET ANIMAL CLINIC is not responsible for lost or damaged personal items (collars, toys, blankets, etc.) while my pet is boarding.

____ I acknowledge and agree to the understanding that the clinic is NOT staffed 24 hours a day.

____ I understand that the house brand food is PURINA brand, if I do not normally feed this diet, I understand that a sudden diet change can cause severe stomach upset and diarrhea.

____ you release, indemnify, and agree to hold MAIN STREET ANIMAL CLINIC harmless from any and all manner of damages, claims, loss, liabilities, cost of expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney fees, and related costs) arising out of or related to the services provided by MAIN STREET ANIMAL CLINIC, except which may arise from the sole gross negligence or intentional or willful misconduct of MAIN STREET ANIMAL CLINIC, including without limitation (i) any inaccuracy in any statement made by yourself or information provided to MAIN STREET ANIMAL CLINIC (ii) your animal including but not limited to destruction of property, animal bites, injury, and transmission disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.

Signature: _____