

Heritage Animal Hospital Boarding/Daycare Emergency Treatment Release & Authorization (3/8/24)

(Print your name here) _____ authorizes emergency care for the following pets: _____, _____, _____

VACCINATIONS REQUIRED (MUST BE ADMINISTERED BY A VETERINARIAN):

CATS: FVRCP required yearly (\$22), Rabies (\$22)

DOGS: DA2PP(\$22), Bordetella required yearly (\$22), Rabies (\$22), (Leptospirosis is recommended \$22)

I acknowledge that I have reviewed the required boarding vaccines and that HAH will administer any needed vaccinations at the start of my pets stay for the price noted above _____ (Initial)

Boarding Fees:

Standard Run: \$36/night, **Indoor themed suite** \$43/night, **Indoor/Outdoor themed suite** \$48/night, **Indoor/Outdoor run** \$40/night. **Additional K9 sharing same space** \$33/\$38/\$43/\$35 per night-

Checkout after 10 am (ext. stay)= \$17 per dog

-Additional fees: \$4/day for medication admin, \$3/day for intact

-Extra service fee: \$3/day (medical, behavioral accommodation, etc

-Diarrhea Protocol: \$3/day per dog *Additional info on back of form

-Separate feeding fee: \$3/day per family

Feline Overnight \$23/night **Feline Day Boarding** \$17/day

---Additional Feline sharing same space \$20.00/night -- **Checkout after 10am (ext. stay)= \$13 per pet**

Pocket Pet boarding \$21/night **shared space** \$17/night

Daycare Fees: Doggy Daycare Full Day >6 hrs \$25, ½ day < 6hrs \$20 Day Boarding Full \$28, ½ day \$23

****HOLIDAY & AFTER HOURS PICKUP/DROP-OFF IS \$45, Fee is paid to staff for time away from family****

Peak Fees: applied to designated peak holiday times, \$4 per night/pet

I understand that payment is due for all services rendered in full at time of pickup _____ (Initial)

In the event of an emergency :

1. I authorize medical treatment up to: _____ (Dollar Limit). If we are unable to contact you, this dollar amount authorizes the veterinarians to provide necessary medical treatment

2. I do not authorize medical treatment _____ (Initial)

Emergency Contact/Authorized Agents (Someone other than yourself, who on your animal's behalf could make a medical decision for you)

Name: _____ Phone: _____

I acknowledge that I am the owner or agent for said pet(s) and have full authority to execute this agreement. If I desire to change my selected options above, I must appear in person and complete the desired changes.

I understand that there are certain risks involved with boarding my pet. These risks are not limited to injury, illness, loss or death. I agree to hold Heritage Animal Hospital, its veterinarians and employees harmless from and against any and all liability arising out of the boarding, daycare or treatments that I have authorized above. I understand that if treatment is rendered, Heritage Animal Hospital is unable to guarantee a favorable outcome.

YOUR SIGNATURE HERE _____ **DATE** _____

****By Signing above I authorize HAH to take photos of my pet(s) for promotional purposes ****

Diarrhea Protocol: \$3/day

- If during your animal's stay, they happen to start having diarrhea we will put them on either pumpkin, yogurt or Fortiflora (probiotic powder) for 2 days, twice daily. After 48 hrs if issues have not subsided, they will be prescribed medication via our clinic and will remain on that for the duration of their stay. There will be a \$3/day charge for each day they are having diarrhea/on our treatment plan.

_____ **(Initial)**