

Heritage Animal Hospital
Daycare/Boarding/Emergency Treatment Release & Authorization (Updated 1/1/2020)

I (Print your name here) _____ authorize daycare/boarding and or emergency care for the pets listed below:

_____, _____, _____, _____

VACCINATIONS REQUIRED (MUST BE ADMINISTERED BY A VETERINARIAN):

CATS: FVRCP/FELV required yearly (\$48), Rabies \$20

DOGS: DA2PP(\$20), Bordetella required yearly (\$20), Rabies \$20, (Leptospirosis is recommended \$20) I

acknowledge that I have reviewed the required boarding vaccines and that H.A.H. will administer any needed vaccinations at the cost noted above _____ (Initial)

Boarding Fees:

Canine Boarding and Daycare- CHECKOUT IS 10 AM

Dog Overnight Boarding \$24/night (\$32/day for suites) Dog Daycare Full Day \$18, Half-day \$13
--Additional K-9 pets in same space \$19.00-\$22.00 per night --Checkout after 10am (extended stay)= \$12
Please note there is an additional fee of \$2/day for medication and \$2/day if your pet is intact.

Feline Boarding and Daycare- CHECKOUT IS 10 AM

Feline overnight \$14 /night Feline Daycare \$9 or Half-day Daycare \$6.50
---Additional Feline pets in same space \$10.00/night ---Late Checkout (After 10am) is \$7 for cats

*****AFTER HOURS PICKUP/DROP-OFF IS \$30, Fee is Paid directly to staff for time away from family*****

I understand that payment is due in full at the time of pickup _____ (Initial)

In the event of an emergency :

1. I authorize as much treatment as is possible up to: _____ (Dollar Limit) in case of an emergency. I understand payment is expected in full at pickup. _____ (Initial)
2. I do not authorize treatment _____ (Initial)

Emergency Contact/Authorized Agents

Name: _____ Phone: _____

Name: _____ Phone: _____

*****PLEASE READ***:**

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 _____

EMPLOYEE WITNESS SIGNATURE HERE _____

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