

**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 \*\*\***