

BOARDING AGREEMENT

Coal Ridge Animal Hospital

6171 WCR 20
Longmont, Colorado 80504
303-833-1137

Today's Date _____ Date of pick-up _____ ☐ AM ☐ PM

Owner _____ Contact Phone _____

(Comp.>1 night) (\$6 oral/\$8 inj/day) (\$15/day \$7.5 add dog) (\$12-3 walks/day)

Pet(s) Boarding: Weight (Additional Fees May Apply)	Bath		Medications		Doggie S. T.		Extra Walks	
	Yes	No	Yes	No	Yes	No	Yes	No
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person(s) to contact in case of emergency: _____

Emergency telephone number(s): _____

Pet's belongings (carrier, toys, etc.) _____

Special Instructions: include detailed medication directions, feeding instructions medical condition and anything you wish the doctor to check for: _____

☐ YES I am giving CRAH permission to use an off label product that I am providing: _____

VACCINATION POLICY: Examination Required

To insure the protection of all pets under our care, the following must be up to date:

DOGS: Rabies, DHPP & Bordetella CATS: Rabies & FVRCP

If not up to date or unable to provide proof of vaccinations, I give permission to update my pet(s) vaccinations in accordance with the above policy. In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath/dip at the owner's expense.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptom, treatment options and estimate of additional costs. If no one can be reached, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or resolve an important medical condition. In the unlikely event your pet passes away, we will call you for further directions.

(Please Initial One)

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to (check one to indicate amount). ☐ \$_____, ☐ \$250 ☐ \$500 in medical care for my pet(s) until someone can be reached.

_____ Do not administer any medical treatment, except as required by Colorado State law until specific authorization is given.

Resuscitate Yes _____ No _____ If there is a life-threatening situation.

☐ YES ☐ NO Please call if ANY problems arise (not eating, diarrhea or kennel cough).

Kennel bath may be given if the Doctor on duty deems it necessary.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above-specified date. If circumstances change, I will notify the Coal Ridge Animal Hospital of a new pick-up date.

Date

Owner/Agent for Pet(s)

