



# Animal Hospital of Pasco

3012 N Road 92  
Pasco, WA 99301

(509) 545-9949  
www.pascovets.com

# Boarding Agreement

Form P-124  
Rev. 05/10/2019

When scheduling date and time of pick-up please keep in mind that the Animal Hospital of Pasco is open from 9:00 AM to 6:00 PM Monday through Friday, 9:00 AM to 12:00 PM on Saturdays, and closed on Sundays and major holidays.

Date of drop-off	Date of pick-up	Time of pick-up <input type="checkbox"/> morning <input type="checkbox"/> afternoon	Number of pets you will be boarding <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
------------------	-----------------	--	---

## Client/Authorized Agent Information

Your first name	Your middle name	Your last name	Suffix (Jr., III, etc.)
Emergency contact name(s) and phone number(s)*			

\* Important: Your emergency contact(s) must be at least 18 years old and capable of making decisions regarding the health of your pet(s). You will be responsible for charges incurred as a result of their instructions.

## Patient Information

Name of pet to be boarded	Species/breed of pet	Pet's age (approximate)
Name of second pet to be boarded	Species/breed of pet	Pet's age (approximate)
Name of third pet to be boarded	Species/breed of pet	Pet's age (approximate)
Pet's belongings (carriers, toys, collars, etc.)		
Special instructions (include detailed medication directions, feeding instructions, and/or any services you'd like performed while boarding)		

**Vaccination Policy:** Boarded pets must be current on certain vaccinations for the duration of their stay. For dogs, these vaccinations include rabies, DA2P/CPV (distemper/parvo complex), and bordetella ("kennel cough"). For cats, these vaccinations include rabies and FVRCP (feline distemper complex). You may be required to provide proof that your pet is free of internal parasites. If proof of vaccination cannot be provided at accession your pet(s) may be denied boarding services at our office. Pets with external parasites (e.g., fleas, ticks) may be treated at the owner's expense.

**Medical Attention Policy:** If your pet develops a condition that requires medical attention our staff will call the telephone number(s) you have provided above regarding your pet's symptoms, treatment options, and estimate of additional costs. However, in case no one can be reached at the number(s) provided above, please indicate your wishes below.

PLEASE WRITE YOUR INITIALS BELOW ONE OPTION OF YOUR CHOICE		
Please do whatever the doctor deems necessary to maintain my pet's well-being until someone can be reached. This includes only non-elective treatment and necessary diagnostics.	I authorize up to (check one) <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 in medical care for my pet(s) until someone can be reached. This includes only non-elective treatment and necessary diagnostics.	Do not administer any medical treatment until specific authorization is given. (Basic life-saving measures may still be taken by our staff if necessary.)
<b>Initials:</b>	<b>Initials:</b>	<b>Initials:</b>

**Please be aware that outside of regular business hours there may be periods during which no staff are on the premises to monitor boarded pets.**

I hereby certify that I fully intend to pick up my pet(s) on the date indicated above. If circumstances change such that I am unable to pick up my pet(s) as indicated above I agree to promptly notify the Animal Hospital of Pasco of a new pick-up date. I understand that I assume financial responsibility for all services rendered and that payment in full is due when I pick up my pet(s). I certify that I am at least 18 years of age and that I am the owner of, or authorized agent for, the pet(s) described above. In consideration of Animal Hospital of Pasco accepting my pet(s) for boarding and any medical care that may become necessary (including, but not limited to, anesthesia, surgery, medical treatment, and diagnostic testing), I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco and its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur while my pet(s) are in their care. I understand that a finance charge is applied to all accounts unpaid after 30 days. This finance charge is computed by a periodic rate of 1.5% per month which is the annual percentage rate of 18.00%; minimum monthly charge is \$1.50.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date