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|-----------------|-----------------|-----------------|-----------|--|
| Client: | {FULLNAME} | Patient: | {NAME} |  |
| Address: | {ADDRESS1} | Species: | {SPECIES} | |
| | {CITY}, {STATE} | Breed: | {BREED} | |
| | {POSTALCODE} | Sex: | {SEX} | |
| | | Color: | {COLOR} | |
| Phone: | {PHONENUMBER} | Age: | {AGE} | www.clevelandroadpethotel.com 330-345-6063 |

Boarding and Grooming Consent for: {NAME}

STATEMENT OF BOARDING/GROOMING POLICY

- Charges for boarding will occur for day of drop off and each boarding day; starting the day the pet is dropped off. If you pick up your pet before 12:00 pm on the day of check-out, there will not be a charge for that day. After 12:00 pm, normal charges will occur for that day.
- **Sunday check-out is by appointment only between 3:30pm-5:00pm. Sunday check-outs must be prepaid. You are charged a full day boarding for Sunday.**
- Cleveland Road Animal Hospital (CRAH) and The Pet Hotel (TPH) are not responsible for lost or damaged items.
- Excessive damage to Hotel property including bedding, furniture and other accommodations may result in additional damage fees.
- If your pet requires an additional staff member for safety purposes, an additional charge will be added.
- A \$50 non-refundable deposit must be made in order to complete the reservation. If the reservation needs to be cancelled, a 72 (3 day) notice must be given to have the deposit refunded. The deposit will be applied to the balance of the invoice upon check-out.

MEDICAL REQUIREMENTS TO BOARD/GROOM

- All pets are required to be on a monthly flea and heartworm prevention.
- In the best interest of your pet and other guests your pet is given a complimentary, short acting flea medication upon check-in for boarding. This medication is safe and will be administered regardless of previous flea preventative application.
- If fleas or other parasites are found on your pet during boarding and/or grooming they will be treated at an additional cost to you.
- **All vaccinations must be up-to-date.** Annual vaccination boosters due within 30 days can be administered during your pet's stay at an additional cost. Pets past due for vaccinations will not be admitted for boarding or grooming for protection of other guests. The following vaccinations and testing must be current and administered by qualified veterinary personnel prior to boarding and grooming.

Required for Canines

- * DAPP, Bordetella, Rabies, Influenza
- * Negative Heartworm test within last 12 months
- * Negative fecal sample within last 12 months

Required for Felines

- * FVRCP, Rabies
- * Negative FELV/FIV test
- * Negative fecal sample within last 12 months

***Pets could potentially be exposed to different forms of illnesses, as these illnesses are not all covered by Vaccines. Owners accept this risk to utilize the services at this facility.**

In the event of illness owner will be contacted immediately. If owner is not available, CRAH is authorized to begin emergency treatment as deemed necessary. Related expenses associated with treatment are owner's responsibility. I understand during the performance of routine grooming, unforeseen conditions may be revealed that necessitate additional care by the veterinarian. If I am unavailable by phone, I hereby consent to the performance of such veterinary services as are necessary in the exercise of the veterinarian's professional judgment. I have been advised as to the nature of my pet's grooming being performed and any risks involved. I also understand this office will take all precautions to reduce all risk as much as possible. Therefore, I will hold harmless this office, the groomers, the doctors and other CRAH/TPH employees from and against any and all liability arising out of the performance of any procedures or in the event of injury or death of my pet.

AUTHORIZATION

The above policies have been explained to me and any questions I may have about such policies or procedures have been answered. I hereby authorize the staff and doctors of Cleveland Road Animal Hospital and The Pet Hotel to proceed with the elected services. I have read and understand this authorization and consent.

{CLIENTSIGNATURE}
{FULLNAME} _____

{CURRENTDATE[SHORT]}