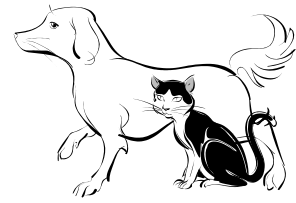




Boarding Release Form
Animal Care Veterinary Hospital



SSN: - -

Owner's Name:

Date:

Address:

Animal's Name:

I certify that I am the owner (agent of owner) of the above animal and do hereby consent and authorize Animal Care Veterinary Hospital to board my pet from this time forth. I understand that boarding is NOT a substitute for good home care, as any boarding situation results in increased stress on my pet, thus resulting in a weakened immune system. I also understand that for this reason, it is required to show proof of a current Rabies, Bordetella (Kennel Cough), Distemper, Parvo Combination vaccine, and that long term boarding (more than 2 weeks) of animals that are sick, very old, or under 4 months of age is strongly discouraged.

If my pet should injure itself in an escape attempt, refuse food, become ill, lost, or die while being boarded, I will not hold Animal Care Veterinary Hospital or its staff responsible and/or liable for gross negligence.

I understand that if my pet will be boarded longer than 2 weeks, I agree to pay 1/2 the estimated boarding fee prior to boarding and the balance at the time of discharge or on a weekly basis. If I neglect to pick up the animal within 10 days of written notice, mailed to the above address, you may assume that the pet is abandoned. Therefore, allowing Animal Care Veterinary Hospital to dispose of the animal as we see fit. Abandonment does not release me from my obligation to pay the bill.

I understand that payment is required for all services prior to picking up the above animal. I further agree that in case of nonpayment, a financial charge of 1.5% per month (18% APR) will be charged and that any collection fees or attorney fees will be the owner's responsibility. A \$3.00 monthly service charge will be assessed to all accounts not paid in full within 30 days.

I hereby certify that I have fully read, understand and agree to this authorization for boarding.

Name of authorized party to make decisions in my absence:

Name

Phone

I wish to authorize any treatment for my pet in the event of injury/illness. I agree to pay all charges in full at the time of discharge.

I wish to decline any treatment for my pet in the event of injury/illness.

Owner's Signature:

Date:

Emergency Phone Number: