

Boarding Consent Form

Patient Name: _____

Client Name: _____

Arrival Date & Time: _____ **Departure Date & Time:** _____

All animals boarding at Altoona Veterinary Hospital and Hubbell Animal Hospital must be current on immunizations and free from internal and external parasites. If immunizations are not current, they will be updated to meet the requirements of State Law and AAHA requirements at the expense of the owner. Any external or internal parasites will also be treated for at the owner's expense. Payment for all services must be made at the time of discharge from the hospital. We will discharge boarding patients during our normal business hours only. Patients will not be discharged between noon Saturday and 7:30 AM Monday morning or on any holidays the hospital is not scheduled to be open.

Other treatments to be performed while your pet is boarding: _____

Boarding fees will begin the day your pet is admitted to the kennel. If you pick him/her up before noon on the last day of his/her stay, you will not be charged for the last day. If you pick-up after noon you will be charged a full day of boarding. Every dog will be bathed and receive a complimentary nail trim on the last day they are boarding with us. The boarding fees per day are listed below:

_____ Small Dog (<20lbs) \$18.80/day	_____ Medium Dog (21-70lbs) \$23.10/day	_____ Large Dog (>70lbs) \$25.50/day
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_____ Cat \$15.60/day	_____ Rodent \$15.90/day	_____ Exotic \$33.00/day	_____ Avian \$16.80/day
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Bath Fees: _____ Boarding Bath <30# \$23.00	_____ Boarding Bath 31-100# \$27.50	_____ Boarding Bath >100# \$31.50
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Please list any medications your pet will need and how often they are to be administered. Please also list any belongings you have brought for your pet.

In case of emergency who should we contact: _____

Phone Number: _____

If an emergency does arise and I or my emergency contact cannot be reached, I authorize Altoona Veterinary Hospital/Hubbell Animal Hospital to perform the necessary procedures to stabilize my pet's condition until I or my agent can authorize further treatment.

Signature: _____