

Family Pet Clinic of NRH

6724 Mid-Cities Blvd.
North Richland Hills, TX 76180
Main: (817) 788-2525
Fax: (817) 788-5575

Informed Consent for Canine/Feline Boarding

ID: <number> Date: <date> Staff Initials _____
Client Name: <last-name>, <first-name> (<spouse>) Patient: <animal> WL _____
Address: <address> Species: <species> WB _____
<city>, <st> <zip> Breed: <breed>
Phone: <area>-<phone> Color: <color>
<cell-phone> Sex: <sex-name>
Email: <e-mail>
Drop-Off Date: _____ Pick-Up Date: _____

For Your Pet's Health

We care about each pet boarding with us. Our goal is that every pet receives quality attention throughout their stay and any health issues are addressed appropriately and timely. Please share with us your pet's condition at time of drop-off and any health concerns you would like addressed while they are under our care. This will also help to alert our staff to any changes that need attention or special care provisions. While keeping you updated on your pet's status, our doctors and hospital staff will assess and attend to these issues with the expert care you've come to expect from your Family Pet Clinic. So relax while you're away, knowing your pet is doing the same under our trained team.

Behavior: Normal / Abnormal

Urinary: Normal / Abnormal

Bowel Movements: Normal / Abnormal

Feeding Sched.: _____

Bath Requested on Day of Pick-Up: Yes / No

Appetite: Normal / Abnormal

Thirst: Normal / Abnormal

Meds In-Hosp: Yes / No

Feeding Amt.: _____

Est. Time to Pick-Up: _____

Special Care / Pre-Existing Conditions / Medical Issues / Medications and Frequency / Other

For Your Pet's Comfort

Our mission is to provide your pet with exceptional care in a clean and comfortable environment while staying with us. Our hospitals have sufficient bedding and will make your pet's stay as cozy and relaxing as possible. However, due to the amount of boarded pets we care for, their belongings and facility space constraints, we prefer you not leave bedding, plush toys and/or carriers and we recommend against it. However, if you choose to leave items, we ask that you label items in permanent ink with your pet's first and last name. Failure to do so and we reserve the right against claims of liability for personal items left. **Please note: In order to accommodate all our clients and their pets, your pet may be moved to a suitable and comfortable sized suite in order to make room to board another larger sized pet. Your charge for the day will reflect the suite occupied, not to exceed the original reservation rate.

Special Requests / Belongings Left / Food Brought / Suite Sharing

Medical Requirements and Waiver:

To insure the protection of our staff and all pets under our care, the pet listed above must have received a veterinary physical exam, a fecal screen, species specific infectious disease vaccines including DHLPP and Bordetella (canine), FVRCP (feline) and Rabies (both) within the last twelve consecutive months and be free of internal/external parasites. If the pet has not received the above mentioned items within the previous twelve months and/or parasites are found, Family Pet Clinic will provide treatment in accordance with the above mentioned policy at the owner/caretaker's expense.

- _____ I understand that if my pet is not confirmed current on DHLPP and Bordetella (canine) or FVRCP (feline) and Rabies (both) vaccinations **AT** or **PRIOR TO** drop off that he/she shall be given the required examination and vaccinations during their stay at my expense.
- _____ I understand that if, at any time during the stay, my pet shows signs of parasites, screening and treatment will be provided at my expense.
- _____ I understand and agree to pay all boarding and related costs **AT** or **PRIOR TO** the time of my pet's release. Outstanding bills will accrue interest at the maximum annual percentage rate allowable by law and, after 90 days, any unpaid balance will be subject to collections.
- _____ I understand that any care or service approved over the phone while the pet is staying with us provides legal consent to the hospital, is actionable and will be billed at my expense.
- _____ I understand that if contact and arrangements are not made verbally with hospital staff or in writing to the hospital within 2 business days after the specified date of release, my pet will be considered abandoned and Family Pet Clinic has authority to act as Texas law prescribes for this circumstance. I understand that this does not remove my obligation from payments of all fees incurred during the stay and agree that Family Pet Clinic will not be held financially or civilly liable for actions related to the pet's modified status assumed.
- _____ If a bath is requested (either as stated above or verbally after drop off), I understand that there is an additional cost for this service to which I agree to pay.
- _____ If medications are required to be provided during stay, I understand that there is an additional cost for this service per administration to which I agree to pay.

In the unlikely event that the pet develops a severe or life-threatening illness during its stay, Family Pet Clinic will make every effort to contact the person listed above as soon as possible. If no one can be reached, please indicate with your initials, the preferred means of care designated below. Please note that with any selection, outcomes of care are not implied or guaranteed.

_____ (a) Family Pet Clinic has the authority to perform all medical care services deemed necessary by the attending physician and I accept full responsibility for any and all costs that may be incurred for such services.

OR

_____ (b) Family Pet Clinic has authority to provide supportive medical care until specific authorization is provided. Supportive care refers to medications and/or treatments used to alleviate pain and to stabilize vital signs. I accept full responsibility for any and all costs that may be incurred for such services.

OR

_____ (c) Due to the age and/or health condition of my pet, I request that no life saving measures be taken in the event of a life threatening crisis.

I, the undersigned have read, understand and consent to Family Pet Clinic's requirements and statements contained herein.

Owner's Signature

Today's Date