Newton Animal Hospital
3700 S Kansas Rd
Newton, KS 67114
(316) 283-1650

BOARDING CONSENT FORM

Client Name: _____ Pet Name: _____
Address: _____ Breed: _____
_____ Sex: _____
Telephone: _____ Color: _____

GENERAL INFORMATION

1. All boarders must have current vaccinations, including bordetella for dogs. Vaccines will be given, at owner's expense, if proof of current vaccination is not provided.
2. Signs of internal parasites, fleas, or ticks will be treated by a veterinarian at owner's expense.
3. We are not responsible for any lost or damaged items left with your pet.
4. If your pet becomes aggressive, we will charge a one-time handling fee ($20). If your pet becomes so aggressive that we cannot provide quality care, we will call your emergency contact to pick up your pet.

Please plan to bring or pick up your pets during the following times:
Monday - Friday 9 am to 5:00 pm OR Saturday 8:30 am - 11:00 am

I understand that Newton Animal Hospital is not staffed during non-business hours and major holidays. On weekends and holidays, assistants come in for brief periods to care for boarders in the kennel.

- **Reservation**: Date In _____ Date Out _____

- **Treatment**: If your pet becomes ill or injured while boarding, every attempt will be made to notify you. If medical care is needed and we are unable to contact you, how should we proceed? ***Mark one:***
  _____ Treat my pet (at my expense) as needed.
  _____ Perform only emergency and supportive care, do not exceed $_____.

- **Medication** - My pet will need to have medication administered while boarding:
  ☐ **Administer once daily (charge = $4.00/day)** Name of Med:_____
  ☐ **Administer two or more times per day (charge = $8.00/day** Name of Med: _____

- **Emergency Contact:** Emergency Contact Name_____ Phone _____
  In addition to the names above, my pet(s) may be released to _____

- **For Pets Boarding Together**: I would like to board my pets _____ and _____ in the same run during their boarding stay. I understand that pets boarding together (although they are housemates), can act differently in a boarding facility. I understand the potential for harm and injury and authorize any treatment deemed necessary by the attending doctor, and take full financial responsibility for the cost of treatment of any injuries that result. I also understand that Newton Animal Hospital is not liable for any injuries incurred as a result of my pets boarding together. _____(Owner Initials)

Photo Release:
I grant to Newton Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet and to use and publish the same in print and/or electronically. These photos may be used with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, social media, in-house display, and Web content.

☐ The above may take photos of me and/or my pet
☐ The above may **NOT** take photos of me and/or my pet

I hereby acknowledge that I am the owner/agent of the above pet(s) and have authority to execute this consent. I have read this release and fully understand the terms and conditions.

_____ _____ / _____
Date Signature of Owner/Agent Phone Number While Pets are Boarding
_____ (Employee Signature)