



HANOVER VETERINARY HOSPITAL

Boarding Liability Release and Regulations Form

Owner Name:

Address:

City:

State:

Zip:

Arrival Date:

Check Out Date:

Approx. Check Out Time:

Pet Name:

Staff member _____

Release of Liability

_____ **Initials**

I hereby consent and authorize Hanover Veterinary Hospital to receive and board my pet(s). I understand the hospital will use all reasonable precautions for the safekeeping of the described pet(s), but the hospital will not be held responsible in any manner whatsoever on account of medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that hospital personnel are not present continuously after normal business hours.

Vaccinations

_____ **Initials**

I further understand the hospital policy state that all vaccinations must be up to date at the time of boarding. This includes Rabies, Distemper, bordetella (kennel cough) and a negative fecal for dogs and Rabies, FVRCP and a negative fecal for cats. If my pet comes due for his/her vaccines while boarding, they will be updated during their stay but a fecal sample must be brought no later than one week prior to boarding. If my pet is overdue for vaccines and I need to board them due to unforeseen circumstances, I will contact Hanover to make arrangements for a safe and healthy boarding stay.

Special Diet

_____ **Initials**

If my pet requires special or prescription food, it will be my responsibility to provide such food during my pet's stay. If I do not bring it with me and the hospital is able to supply it, the appropriate charge will be added to my bill. If no special diet requirements exist, all boarded pets will receive a high-quality maintenance type diet.

___ I am not providing a diet for my pet. You have my permission to feed your high-quality maintenance type diet.

___ I am providing the following diet for my pet.

Either diet is to be fed as follows: ___ cups ___ once ___ twice ___ three times per day

___ cans ___ once ___ twice ___ three times per day

Treats to be fed: _____ once ___ twice ___ three times per day

Upper Respiratory Infection	_____ Initials
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I know my pet is healthy and not coughing, gagging or sneezing and is free of nasal discharge associated with infection. I also know my pet has not been around any other pet who was showing these symptoms in the last 2 weeks. I understand that Hanover Veterinary Hospital reserves the right to refuse to board patients who are coughing or showing signs of upper respiratory infection.

Fleas	_____ Initials
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Dogs and cats showing evidence of fleas at the time of check-in will be given a dose of Capstar and a 30-day topical product will be applied. This will be done at my expense.

Stress related illnesses	_____ Initials
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I understand that although Hanover makes every effort to keep my pet happy, healthy and safe while in our care, boarding is by nature stressful to my pet. Pets placed in stressful situations may experience decreased immunity or gastric changes which vaccines do not prevent. All boarded pets may be susceptible to sore throat, voice changes, canine cough, diarrhea, constipation, excessive grooming and shedding and self-inflicted injuries such as nail problems from digging, nose rubbing, teeth injuries, etc. By signing this waiver, I agree that Hanover Veterinary Hospital will not be held responsible for these conditions or associated costs.

*****I understand that boarding can be particularly stressful on my senior pet and that any unknown preexisting problems can be aggravated by stress and anxiety.**

Personal Items	_____ Initials
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I understand that any personal effects I bring to make my pet feel more comfortable must be marked with my name and my pets name. Hanover makes every attempt to track and care for all belongings, but I will not hold them responsible for any items left with my pet and understand that return cannot be guaranteed.

___ I am not leaving any personal items with my pet.

___ I am leaving the following personal items with my pet:

Hanover can provide a bath for your pet before they go home for an additional charge.

___ I would like my pet to be bathed before coming home

___ I would **NOT** like my pet to be bathed before coming home

<u>Pet Temperament</u>	_____Initials
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My pet has a history of:

- ___ Aggression toward people or pets
- ___ Chewing bedding, leashes, collar or toys
- ___ Reacting to other animals
- ___ Food aggression/resource guarding
- ___ No history of any of the above

Pets boarded together:

- ___ I would like my pets boarded together
- ___ I would not like my pets boarded together
- ___ My pets can be boarded together, but separated for meals

Drop off/Pick up times

My pet must be dropped off and picked up within an hour of the hospital closing.

Mon-Thurs: pick-up/drop off by 6pm

Friday: pick up/drop off by 5pm

Saturday: pick up/drop off by 1pm

Sunday: no pick up or drop off

If I am unable to pick up my pet by the designated time, I understand that I will be charged an additional night of boarding. _____Initials

Medications and Supplements:

___ My pet is not on any medications

___ My pet is on the following medications – Their instructions are as follows:

Medical Emergencies/Sickness/Loss

In the event of an emergency or if your pet becomes sick, we will attempt to contact you. If we cannot contact you, we ask that you provide an emergency contact who can make medical decisions for your pet. If we cannot contact you or your emergency contacts or in the event an emergency occurs, you give permission for the doctors and staff at Hanover Veterinary Hospital to provide whatever medical and/or surgical treatment is necessary to ensure your pet is not experiencing any pain or suffering and that you agree to accept responsibility for all fees.

I can be reached at the following telephone number(s): _____

I can be contacted via email address: _____

Emergency Contact 1: _____	Number: _____
Emergency Contact 2: _____	Number: _____

Text message notification and social media: I am able to receive text message notifications about my pet. I agree to allow Hanover Veterinary Hospital to send me queries, messages and updates via my cell phone.

___ Do not send me text messages of any kind

___ Text notifications (SMS) only. Choose this option if you are concerned with data usage. We will NOT send photos.

___ Multimedia Notification (MMS) accepted. Choose this option if you approve receiving text messages which may include photos. This option uses more bandwidth and data transfer.

___ **I give permission for Hanover Veterinary Hospital to post photographs of my pet on social media.**

___ **I do NOT give for Hanover Veterinary Hospital to post photographs of my pet on social media.**

SPECIAL REQUESTS: Please include any special requests you have for your pet while they are staying with us.

I have read, fully understand and agree to the conditions of the Boarding Liability Release and Regulations form.

Name of Owner or Authorized Agent Signature of Owner or Authorized Agent Date
(Print your name)