

Animal Care Hospital  
1146 Blairs Ferry Road N.E.  
Cedar Rapids, IA 52402  
(319)378-9000

## Boarding Consent and Release

CLIENT #:  
CLIENT NAME : Animal Care Hospital, 1  
ADDRESS: 1146 Blairs Ferry Road N.E.  
CITY/ST/ZIP: Cedar Rapids, IA 52402  
PHONE: (319) 378-9000  
FIRST VISIT:  
BALANCE:

PATIENT #:  
PATIENT NAME:  
SPECIES:  
BREED:  
COLOR:  
SEX:  
BIRTHDATE: AGE:

### PLEASE READ AND UNDERSTAND ALL PROVISIONS BEFORE SIGNING THIS FORM.

I certify that I own or am an agent for the owner of the above described animal. **If I am unable to be reached, I authorize Animal Care Hospital P.C., to perform any diagnostic, therapeutic, anesthetic, emergency and/or surgical procedures deemed necessary by the Doctor for my pet's health and well being.**

I agree to allow my pet, if a dog, to be vaccinated against distemper, parvo, bordetella and to have a heartworm test and fecal examination if the pet has not had any one of these in the last twelve months. I agree to allow my pet, if a cat, to be vaccinated against feline distemper, and to have a fecal examination if the pet has not had any one of these in the last twelve months. I agree to allow my pet, dog or cat, to be vaccinated against rabies if that vaccination is due according to hospital policy. If this pet is to be vaccinated against rabies or to be euthanized, then I attest that the pet has not bitten a person within the past 14 days. The above vaccinations and tests must be performed if I fail to provide acceptable written proof of vaccination. I agree to pay for all such services. If my pet is found to have fleas or ticks upon entry to the hospital, I agree to allow Animal Care Hospital, P.C. to perform flea treatment and I will pay for this service.

I agree that visitation of my pet during lodging is to be done by appointment. I also agree that for the health of all animals, all kennel and surgical areas are off limits to the public except by special permission. If my pet causes injury to a human, I will take full financial responsibility for that injury.

While I expect all procedures to be performed to the best of the staff's abilities, I realize that the hospital makes no guarantee or warranty regarding the results. In the absence of negligence, if my pet should injure itself, escape, fail to eat, become ill, or die, I will not hold Animal Care Hospital, P.C. or any staff member responsible. I agree that Animal Care Hospital, P.C. is not responsible for lost toys, bedding, collars or leashes. For the safety of my pet, I understand that any personal belongings, including toys, blankets, etc. may not be left with my pet the entire time of boarding.

I agree to make payment in full for all performed procedures and treatments at the time the pet is discharged. If I neglect to pay, my pet will become the possession of Animal Care Hospital, P.C. In addition, any other assets that I own will secure the debt to Animal Care Hospital, P.C. If I neglect to pick up my pet within five (5) days of written notice that it is ready for release and mailed to the above address, you may assume that my pet is abandoned. Upon abandonment, my pet becomes property of Animal Care Hospital, P.C. Abandonment does not release me of my obligation to pay my bill. I further agree that in the case of non payment, a finance charge of at least 1.98% per month plus a \$3.50 statement processing fee will be charged and that any collection or attorney fees will be paid by me.

I have had the risks of the below stated procedures explained to me and I authorize Animal Care Hospital, P.C. to perform these services.

### I ACCEPT THE FOLLOWING MARKED SERVICES:

#### DOGS:

☐ Run  
Regular-\$27.50/day Preferred-\$26.50/day  
Holiday Regular-\$30.50/day Holiday Preferred-\$29.50/day  
☐ Cage  
Regular-\$24.50/day Preferred-\$23.50/day  
Holiday Regular-\$27.50/day Holiday Preferred-\$26.50/day  
☐ Walking-\$3.25. per additional walk

#### OPTIONAL:

☐ Administer Medication-\$6.00/day  
☐ Pet Playtime-15min AM & PM-\$9.00/day  
☐ Own food in container w/rigid lid  
☐ Bath before check out  
☐ Blow dry before check out  
☐ Nail Trim-\$35.95

#### CATS:

☐ Condo w/View  
Regular-\$23/day Preferred-\$22/day  
Holiday Regular-\$26/day Holiday Preferred-\$25/day  
☐ Condo  
Regular-\$21/day Preferred-\$20/day  
Holiday Regular-\$24/day Holiday Preferred-\$23/day

Feeding amount: \_\_\_\_\_ **SID/BID**

ANY ADDITIONAL SERVICES/PROCEDURES: \_\_\_\_\_

DATE AND TIME OF PICK UP: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

SIGNATURE OF CLIENT OR AUTHORIZED AGENT: \_\_\_\_\_

INITIALS FOR ANIMAL CARE HOSPITAL: \_\_\_\_\_ DATE: \_\_\_\_\_