

FLEUR PET HOSPITAL

Date: _____

BOARDING MEDICAL CONSENT FORM

Client Name: _____

Boarding can be stressful. For example, some pets develop diarrhea or constipation due to change of environment or diet. In the event that your pet develops diarrhea or constipation while boarding, every attempt will be made to contact you or the designated emergency contact that you provided for us. **IF WE DO NOT REACH YOU**, we will provide appropriate medical care and the additional fees will be applied to your account. _____(initials).

IN THE EVENT A HEALTH CONCERN EMERGES AND I CANNOT BE REACHED ** MUST CHECK ONE **

- I authorize Fleur Pet Hospital to do whatever is necessary and I will pay any additional charges.
- I authorize necessary procedures/expenses (\$185 minimum) up to \$_____ beyond standard boarding charges.

We provide the same high standards of medical care for our boarding pets that we do for our hospital patients. In our experience, a few animals are not good candidates for boarding and may become ill, or their chronic conditions may worsen during their stay. Please be advised that any observed, untreated, or worsening pre-existing chronic health conditions that are causing your pet pain and discomfort during his/her boarding stay will be treated by our doctor at our standard rate. Any health condition observed with your pet deemed non-emergent will be noted and you will be advised upon your return of any additional medical, dental, or surgical procedures recommended for your pet. If a medical condition develops with your pet, every attempt will be made to contact you or the designated emergency contact that you provided for us. **IF WE DO NOT REACH YOU**, we will provide appropriate medical care as designated below and the additional fees will be applied to your account. _____(initials).

In the rare event that **a LIFE-THREATENING EMERGENCY arises with your pet and we are unable to reach you**, we will proceed with every necessary life support measure including surgery, in order to save your pet's life while we continue to attempt to contact you. Should your pet require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number (s). Payment for all services rendered will be due upon your return to the clinic and then you will pay the emergency clinic their own charges.

1. Please treat my pet _____ for any medical emergency or pre-existing medical condition that is worsening or causing my pet pain or discomfort. I understand that Fleur Pet Hospital will make every reasonable attempt to contact me at the emergency numbers that I have provided, but will proceed with treatment to alleviate pain and to save my pet's life, if unable to reach me. I agree to pay all charges associated with rendering medical services to my pet.

Signature _____ Witness _____ Date _____

2. Please do not render any treatment to my pet _____. I authorize you to humanely euthanize my pet and hold the body until I return.

Signature _____ Witness _____ Date _____

All pets entering Fleur Pet Hospital must be current on all required vaccines, blood parasite screen, intestinal parasite screen and free from external parasites. If these conditions are not met, the appropriate services will be provided and charged accordingly. Pets will be released only during regular office hours and payment is required at that time. If you neglect to pick up your pet within 7 days of the pick-up date, Fleur Pet Hospital will assume the pet(s) is abandoned and they will be handled in accordance with state law. Doing so does not relieve me of my financial obligations.

SIGNATURE _____ DATE _____