

Annual Boarding Authorization & Consent Form Agreement

1. All animals must be current on all required vaccinations while boarding at Gill Bright Animal Hospital. Dogs must be current on their DAPPv, Bordetella, Rabies, and Influenza vaccinations. Cats must be current on their FVRCP+Leukemia and Rabies vaccinations. Proof of vaccinations must be given prior to any pet entering into the boarding facility. If proof cannot be furnished or are not current, vaccinations can be done upon entry to the facility although it is recommended to have vaccinations done at least two weeks prior to entry.
2. All animals must be free of internal and external parasites. Gill Bright Animal Hospital requires fecal ova and parasite testing for all boarding patients for their safety. For boarding, the most recent test results must be negative and have been within one year of the reservation. For your convenience, testing can be performed while your pet is boarding. I understand that if my pet has external parasites (fleas, ticks, etc.) or internal parasites (from a positive fecal test), I am responsible for the cost of their treatment while they are boarding, including medications and all medication administration fees.
3. I certify that my pet is healthy enough for boarding and is free of contagious disease. I have informed Gill Bright Animal Hospital of all medical conditions that may affect their overall health and wellbeing. I understand that boarding represents a stressful condition which may cause previously undiagnosed pre-existing or burgeoning conditions to flare up into a serious medical condition. I understand that if my pet has an existing medical condition that boarding stress may elicit perhaps serious complications related to the disease. If these arise I understand that I alone am responsible for any and all costs. I understand that my pet(s) may develop health disorders, secondary to stress related to proper boarding procedures, and will hold neither the hospital nor its staff liable.
4. Gill Bright Animal Hospital has my permission to provide whatever treatment and care that is necessary should an emergency arise. In the event that any medical problems arise during boarding where I am unable to be reached immediately, I authorize Gill Bright Animal Hospital to act as my agent until I am able to be reached. I understand that I am responsible for any and all costs deemed necessary.
5. If a tranquilizer is necessary for the treatment or handling of, Gill Bright Animal Hospital, has my permission to administer such medication. I understand and accept that if a prescription tranquilizer is necessary that I am responsible for the costs of not only the medication(s) but any applicable administration fees.
6. I certify that my pet has not bitten anyone within the past ten days. If my pet is aggressive towards the staff of other pets, I understand that I or someone I have authorized will have to pick my pet up immediately. I understand hospital policy is that animal control will be contacted in the event of a bite. Failure to pick up my pet may result in my pet being placed in quarantine.
7. I understand that Gill Bright Animal hospital cannot guarantee the health of any animal but pledges to give appropriate care to all boarded animals. I hold this facility and its persons harmless and blameless for conditions that often are unavoidable in boarding environments, including but not limited to: weight loss, rough hair coat, kennel cough, upper respiratory infection, broken or damaged nails, bladder inflammation and diarrhea. If these arise I understand that I alone am responsible for any and all conditions.
8. I understand that my pet will be walked on a leash outside of this building 3-5 times daily and that this represents a small but real chance for escape. I accept and understand this situation and am prepared to be responsible for any and all consequences. I will hold this hospital and its staff blameless and harmless in the unlikely event of the loss of my pet.



9. I understand that all precautions are being used against the injury, escape and death of my pet. I understand the hospital, doctors, owners, administrators, and staff will not be held liable for any problems that develop with my pet provided that reasonable care and precautions have been followed.
10. I understand that adequate space is provided for all boarding pets and that the larger kennels and runs are prioritized to larger animals. Smaller animals are only placed in larger areas as availability permits. I understand that the Gill Bright Animal Hospital's doctors and staff may adjust my pet's kennel size for various reasons, including my pet's safety.
11. Personal items may be left at your own risk. We are not responsible for loss or damage. Items left behind will be disposed of after 30 days if not picked up.
12. I certify the address on file I have given Gill Bright Animal Hospital and all other information that I have provided on this and the other forms are current and correct, and that I am an owner or authorized agent for my pet.
13. I agree to make complete payment to Gill Bright Animal Hospital at the time of picking up my pet(s). I understand that if I fail to pick up my pet an abandonment letter will be sent to the address on file. If no contact is made within ten days my pet will be considered abandoned and will be handled in accordance with Louisiana state law. I understand that if this occurs it does not relieve me of my financial obligations for all costs during the pet's entire stay, even after its abandonment, and any additional expenses that may arise while the pet is boarding at Gill Bright Animal Hospital.

I have read the above statement and understand the hospital's policies.

I understand that I will be held to this agreement. I agree to pay my total bill at the time of pick up.

Owner's Name (please print) _____

Signature of Owner or Agent _____ Date: _____

Contact Number: _____ Alternate Number: _____

Name of Pet(s): _____

Account Number: _____