

## River City Veterinary Hospital Pet Resort and Daycare Admission Form

Pet Name:	Client Name:
Cell Phone:	BEST Number in the Event of Emergency:
Local Emergency Contact Name:	Local Emergency Contact Phone Number:
Who is authorized to pick up your pet?	
Does your pet have any special diet needs? Yes No      If you are bringing your own food and we run out of it, can we feed our food instead? Yes No	
Does your pet need any medications while you are out of town? If yes, please fill out Boarding Medication Form. Yes No	
How much would you like us to feed your pet in the morning and evening?	
Is your pet currently ill or suffering from a long term illness or suffering from any special medical or behavioral conditions?	
Is your dog 10 lbs or under? Yes No Please make sure to read additional daycare warning below.	

**A quick release collar is required for daycare.**

**Microbreeds (dogs 10lbs and under) are subject to additional risks participating in daycare.** Even though they may be in the daycare room for smaller or more mellow dogs, dogs in this room could easily be 4 or 5 times their body weight or more and typical dog playing/running/jumping could severely injure or kill your dog. If you elect daycare for your microbreed dog, you are assuming responsibility of this additional risk.

**If you believe that your dog may eat the toys in our doggy daycare,** then your dog is NOT a candidate for daycare. Consuming these toys can lead to serious illness and death. We will provide your pet a climate controlled home away from home with a comfortable bed and food. If you would like to leave personal items with your pet, please understand that these items may be lost or damaged. We are not responsible for items left with your pet.

In order to establish a safe and healthy environment for all boarders and daycare participants, this facility **requires that all dogs have proof that appropriate vaccines have been administered and are current.** Pets that are so young that they have not completed their entire series of inoculations may not yet be fully protected and, thus, owners of these dogs must accept any risks of infection. All dogs boarding must be current on rabies, distemper/parvo, Bordetella and canine influenza. **Written proof of vaccinations from a licensed veterinarian must be provided before boarding the pet.** If parasites are found on your pet during the stay, he or she will be treated by doctors and staff as appropriate. Additional cost may be incurred.

**Please be aware:** No vaccine will protect your animal from disease 100% of the time. Administration of the vaccine will greatly reduce the likelihood of your pet becoming ill and can also significantly reduce the severity of the illness if it occurs, but your pet may still get a disease even if it has been vaccinated for it.

If your pet is unhappy or disruptive in common areas, he or she may be placed back into his/her suite. Regardless of whether your animal is in daycare or not, if your dog shows aggression towards other dogs, for his/her safety, he/she may be moved and boarded in another location in the hospital.

**All reasonable precautions will be used to prevent injury and escape of your pet.** There are inherent risks with dogs playing in groups and boarding including, but not limited to, injuries from biting, fighting, playing roughly or playing with toys. You must accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries. Although the Animal Caretaker is in the daycare areas a majority of the time, there are

times when the dogs are unsupervised in daycare. By signing this form, you acknowledge that the risk of harm may include injury, serious illness, or death. This is a risk that you must be willing to accept as animals can be unpredictable and River City Veterinary Hospital will not be held responsible.

**If your animal is on oral/topical medication** or is put on oral/topical medication while staying with us, a \$4.00 per day medication administration fee will be charged. Additional fees apply to more complex situations including insulin shot administration or patients that are on more than 4 medications per day.

**By signing this form**, you are verifying that the above named dog is in good health except as noted above and to your knowledge have not shown clinical signs of any communicable disease within the last 14 days. If participating in daycare, you further certify that the dog has not caused harm to nor shown aggressive/threatening behavior towards people or dogs.

In the event your dog contracts a communicable disease during the time he/she is staying at our pet resort, you assume the risks and accept responsibility for the costs for all treatments. You also agree to withhold your dog from the pet resort until he/she has been free of any signs of communicable disease for at least 7 days. Although risks of acquiring communicable disease are small, you must accept them and agree to hold this facility harmless from expenses incurred for treatment.

\_\_\_\_\_ (initials) **If your pet becomes sick during his/her stay with us and you elect medical treatment, you are responsible for 100% of the charges.**

All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. River City Veterinary Hospital is given authorization to dispose of the pet as they deem best. River City Veterinary Hospital reserves the right to use photos of your pet on the web site, broadcast your pet live on the web via the web cam, and/or in other marketing materials or social media web sites.

**REGARDING MEDICAL TREATMENT OF MY PET DURING HIS/HER STAY (please initial one only):**

\_\_\_\_\_ (initials) **Treat my pet as needed.** Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet. I understand all attempts will be made to contact me prior to treatment.

**OR**

\_\_\_\_\_ (initials) **Treat my pet as needed, but not to exceed \$\_\_\_\_\_.** I understand that if the proposed treatment exceeds the amount designated, and I or my agent (local emergency contact) cannot be contacted, my pet will NOT receive further medical treatment. I understand that all attempts will be made to contact me prior to treatment.

**In the event of a life threatening emergency**, regardless of whether you elect no or limited treatment of your pet, River City Veterinary Hospital will treat your pet with the limited treatment necessary for life saving measures. River City Veterinary Hospital will always call you to seek authorization and direction for treatment in advance if time allows, but in the event you are unreachable or time does not allow, treatment will be performed and you will be responsible for the charges.

By signing this form you are acknowledging that you have read and understood all the conditions outlined within the form and agree to comply.

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Signature of Client

Date

Witness