**BOARDING INFORMATION, WAIVER AND RELEASE FORM**

Owner's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boarding from Day and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_until Day and Date: \_\_\_\_\_\_\_\_\_\_

**My Pets will be boarding (Separately or Together)**

**Vaccinations:** For the safety of all our patients, AIAH require all boarders to have proof of current vaccinations. We reserve the right to turn away any boarder that is past due for vaccines. I certify that my pet(s) are current on all required vaccinations for boarding.

 Dogs: Rabies, Distemper Adenovirus, Parvovirus, Bordatella, Parainfluenza.

 Cats: Rabies, Rhinotracheitis, Calici Virus, Pneumonitis, Feline Distemper, Panleukopenia

**Health History:** Please provide the following information regarding your pet's health history.

 Does your pet suffer from any of the following conditions?

\_\_\_\_Heart Disease\_\_\_Respiratory Disease\_\_\_Seizures\_\_\_Allergies\_\_\_\_Arthritis \_\_\_Diabetic

No\_\_\_\_ Yes\_\_\_\_ Has your pet been treated for fleas or ticks in the past 30 days?

No\_\_\_\_ Yes\_\_\_\_Are there any other health or behavioral issues: (injuries, wounds, illness?)

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any Special Care that your pet may need. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Baths:** The cost of the baths will range from $20.00 to $35.00 depending on the weight and hair length of your animal. The baths are routinely given the day before the animal is scheduled to go home and are required if staying longer than 2 nights; along with a complimentary nail trim. I acknowledge that my pet will be bathed and a charge will be added to my bill.

 **Please initial here \_\_\_\_\_\_**

**FOOD:** We recommend that you bring your own food with your pet to help alleviate the stress of being away from home. If you did not bring your pet's food, we will feed our Premium house diet.

 *Yes, I brought my pet's food. \_\_\_\_\_ No, I did not bring food. \_\_\_\_\_\_*

All attempts are made to feed your pet on the same schedule that you feed at home. Please let us know what your pet's feeding schedule is*:*

 *How many cups: \_\_\_\_\_\_\_\_ How many times a day\_\_\_\_\_\_\_\_\_*

*Allow food to be* ***Out at All Times****? ( YES / NO )* ***Separate to Feed? (*** *YES / NO* ***)***

*Special feeding instructions:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bedding:** Because bedding is difficult to label and we constantly clean cages and wash blankets, we do not recommend bringing your own blankets or bedding. Occasionally, personal belongings are mixed in with our laundry. We will do everything we can to keep track of your bedding, but cannot be responsible for the loss or damage of any personal blankets or bedding.

 \*\*\*\***Does your pet(s) chew/shred/eat any type of bedding? ( YES / NO ) \*\*\*\***

**MEDICATIONS:** \* Please list below any medication(s) that your pet(s) require(s) us to administer while staying with us. *We cannot be responsible for injuries, sickness or harm to pets caused by medications prescribed by other veterinarians. We will only dispense medications to pets according to your instructions below. There is a $2/day fee for more than 2 medications/day.*

**(ALL MEDICATIONS MUST BE IN THEIR ORIGINALLY DISPENSED BOTTLE.)**

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose given (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose given (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose given (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dose given (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Procedures: ( Yes / No )** Are there any other procedures that you would like us to perform during your pet's stay**?** If Yes, please ask a receptionist for a Medical Release form.

**Estimates:** A written estimate from one of our staff is available upon request. Although we try not to exceed this estimate, unforeseen procedures maybe necessary (see statement below). Please initial one of the following.

Yes, I would like a written estimate.\_\_\_\_\_\_\_\_\_ No, I do not require a written estimate.\_\_\_\_\_\_\_\_\_

**II. Waiver and Release**

**General Terms:**

A. Owner shall pay all costs and charges of and for special services listed in this agreement, and all veterinary and medical costs that may be incurred during the term of this agreement for the animal pursuant to this agreement.

B. Owner certifies to the correctness of the information given above with respect to the animal and specifically agrees to be bound by the terms and conditions of this agreement.

C. Owner specifically represents that (he/she) is the owner of the animal and that there is not now any lien or other encumbrance against the animal and that the animal has not been exposed to Rabies prior to admittance to the custody of AIAH.

D. Facebook: We want to share your pet’s adorable pictures and story with others. You grant AIAH permission to post your pet’s picture and story on social media and our website. Your personal information will not be shared.

**Liability:**

A. Amelia Island Animal Hospital (AIAH) and their respective owners, employees and agents, shall not be liable for any damages to the animal arising out of or from the boarding of the animal, or that may accrue from any cause in connection with such boarding including loss by fire, theft, running away, death, or injury during the term of this agreement, whether the animal is on the premises of AIAH or not, except where the loss is caused by the gross negligence of AIAH, or its owners, employees or agents.

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B. Owner shall be solely responsible for all of the acts of the animal at any time during the term of this agreement, and in no case shall AIAH be liable for the animal's acts and behavior other than for the exercise of gross negligence on the part of the AIAH, its owners, employees or agents in the boarding and keeping of the animal. Owner shall indemnify AIAH from and against any and all damages sustained or suffered by reason of the boarding of the animal for any claims or injuries arising out of the boarding of the animal except where the injury is caused by the gross negligence of AIAH, or its owners, employees or agents.

C. Owner agrees that AIAH will not be held responsible for aggravation of any pre-existing medical conditions. These include, but are not limited to, heart disease, arthritis, obesity, infections and any other conditions that might be discovered by examination.

D. Owner agrees that AIAH does not assume and shall not be responsible for the loss and or destruction of personal belongings left with the pet while boarding, including, but not limited to, bedding, blankets, toys, dishes, collars or leashes.

E. An animal in a group situation, such as boarding, grooming, dog park, training classes, etc. are exposed to common illnesses, similar to that of humans. Owner agrees to assume the risks and hazards that may be expected to arise from interaction with other animals.

F. During hurricane season in the event of city officials calling for an evacuation of the island, there will be no one here to monitor the animals. They will be left with all the necessities until someone is allowed and able to return (usually within 1-2 days). We cannot be liable for flooding, structural damage, lightning, wind damage, or any calamities caused by "acts of nature".

**Illness of Animal:**

A. In the event that the animal becomes ill, owner shall be notified as soon as possible at the address or phone number listed below. However, if AIAH is unable to reach owner, if owner does not immediately inform AIAH regarding measures to be taken, or if the animal's health requires action, owner grants AIAH the right to diagnose or treat the pet within AIAH discretion, any expenses incurred in conjunction with such care is owner's responsibility and shall be promptly paid by owner.

B. Owner agrees that (his/her) pet may sleep more than usual, drink more than usual and/or eat more than usual due to the change in his/her daily routine. Owner agrees not to hold AIAH liable for any illness or ailment that may affect (his/her) pet if (his/her)pet becomes ill during or after its visit and owner agrees to indemnify and hold AIAH harmless for any costs, damages, claims or expenses arising there from.

**Governing Law:** It is agreed that this agreement shall be governed by, construed, and enforced in accordance with the laws of Florida. This form contains the entire agreement between owner and AIAH related to this wavier and release.

If **someone other than the owner will be picking up your pet**, please list his or her name below. We will NOT release a pet to someone other than the owner, unless that person is identified here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, I acknowledge that I have read and fully understand the terms of this Boarding Information, Waiver and Release Form and I accept the terms and conditions contained herein.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_

Office use: Made Reserv\_\_\_\_\_\_Made File \_\_\_\_\_\_\_Kennel Tech\_\_\_\_\_\_\_ Vet Tech (if D/O)\_\_\_\_\_\_\_\_ WT:\_\_\_\_\_\_\_\_\_