



# Boarding Admission Form

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Dewey, AZ 86327  
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Office: 928-772-8225  
Fax: 928-759-0235

Please print in all the spaces.

Client Name _____			
Mailing Address _____	City _____	State _____	Zip _____
Physical Address _____ different from above	City _____	State _____	Zip _____ If
Home Phone _____	Cell Phone _____	Emergency Phone _____	
Pets Name _____	Canine / Feline / Other _____		
Breed _____	Male / Female	Spayed / Neutered?	_____
Color _____	Birth Date _____		

## Admission Release

I hereby authorize Kachina Animal Hospital to provide boarding care for my pet. The hospital, the hospital owner, and the staff will not be held liable for any problems that may develop while, or as a consequence, of my pet's stay in the hospital. Kachina Animal Hospital is staffed during business hours only. I understand that Kachina Animal Hospital DOES NOT have a veterinarian or staff on the premises outside of regular office hours. The regular office hours are Monday through Friday from 8:00am to 5:30pm, and Saturday from 8:00am to 2:00pm. I understand that my pet may only be admitted or picked up from boarding during regular office hours, unless arrangements have been made for after-hours pick-up.

Initials:

I understand that boarding, like any change of environment and habits, can be stressful for some pets. I also understand that this could lead to the development of symptoms of underlying, undiagnosed health problems especially in older pets. The staff at Kachina Animal Hospital is trained to recognize many of the potential health problems that may arise. I understand that if my pet has not had a recent veterinary medical exam, it is possible that hidden health problems may be present and those problems could be worsened by the stress of being away from home.

Initials:

The boarding fees have been quoted to me and I have been advised that they include supervision by conscientious animal caregivers, but do not include doctor's examinations, treatments, medications, immunizations, or special diets. If I would like these services as additional assurance that Kachina Animal Hospital is doing their best for my pet, I may request them at an additional cost. I understand the boarding fees are as follow: \$22.00 per dog per night in a regular kennel; \$15.50 per cat per night; \$13.00 per night for birds or pocket pets; and \$37.50 per night for diabetic pets receiving insulin injections or any other pet requiring doctor-supervised boarding. If my pet requires medications to be administered while here boarding, an additional fee of \$4.00 per night will be charged. I also understand and agree that for any pet being boarded for a period of greater than 2 weeks, a deposit will be required at the time of admission. I also understand that all fees must be paid in full upon discharge of my pet from the boarding facility. Payment may be made by cash, personal check drawn on a local bank, or credit card.

Initials:

I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarian. It is understood that the veterinarian will attempt to contact me regarding any suspected problems and recommended treatments, but if the veterinarian is unable to reach me, the pet WILL be treated in the manner that the veterinarian deems appropriate and **I will accept full responsibility for the expenses involved.**

Initials:

Dogs that are showing no symptoms may spread respiratory infections and viral diarrhea. I understand that puppies and young dogs with recent or incomplete vaccination protection are at high risk of contacting these infections while in boarding kennels, and I am willing to accept this risk for my pet. I understand that the following immunizations are required by Kachina Animal Hospital for admission into the boarding kennel: dogs - Distemper, Hepatitis, Parvovirus, Parainfluenza, Bordetella, and Rabies; cats – Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia, and Rabies; ferrets - Rabies. I also understand that the immunizations must be administered and recorded by a veterinarian to qualify. I am responsible for providing proof from a veterinarian that the immunizations are current prior to boarding for the pet to stay in the boarding facility. I understand that if the immunizations are not current on my pet, or were not administered by a licensed veterinarian, those immunizations will be administered to my pet by the staff veterinarian at my expense. I understand that it is my responsibility to obtain and provide proof of my pet's immunization status prior to leaving my pet for boarding in the Kachina Animal Hospital boarding facility. I may request an estimate of the cost of immunizations prior to admission to the facility. I also understand that all pets are required to be treated with Frontline Plus (or other flea and tick preventative of the Hospital's choosing) upon admission to the boarding facility at my expense. I understand that there will be a \$15.00 fee for the Frontline application for cats and dogs less than 88# & \$17.00 for dogs larger than 89#. If I have purchased Frontline from another veterinarian for treatment of my pet, I must provide proof with a recent receipt.

Initials:

I understand that I may not hold Kachina Animal Hospital liable for any items that I choose to leave with my pet, including bedding, toys, kennels/pet carriers, food, treats, collars, or leashes. I have been advised that I should take all of my belongings with me when I leave my pet for boarding. If I choose to leave any items with my pet, I leave these items at my own risk of losing them. **I do not hold Kachina Animal Hospital responsible for replacing or reimbursing me for the cost of the items.**

Initials:

I have provided the following contact information for the veterinarian or hospital staff to reach me and the times at which I will be available.

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Best time to call \_\_\_\_\_

If I am unavailable, the following individual(s) may speak on my behalf, including making medical and financial decisions.

Alternate Emergency Contact Name \_\_\_\_\_

Alternate Emergency Contact Phone Number \_\_\_\_\_

To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccinations and free of internal and external parasites.

We will gladly prepare a written estimate if you desire. (Please ask our doctor or receptionist.) In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express and Care Credit. We can establish a payment arrangement for qualified clients if approved in advance of the treatment. There will be a \$25.00 service charge for any checks returned unpaid.

**I understand that payment is due at the time services are rendered.**

Signature of Responsible Agent for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_

I give permission to \_\_\_\_\_ to authorize treatment of my pet in my absence.

\* The attending Doctor and Staff will not be on the premises after hours. \*