



Boarding Admission Release Form

Please print in all the spaces.

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Dewey, AZ 86327
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KachinaAH@gmail.com
Office: 928-772-8225
Fax: 928-759-0235

Client Name _____	Spouse _____
Mailing Address _____	
City _____	State _____ Zip _____
Primary Phone Number _____	Spouse Phone Number _____
Pet's Name _____ Male / Female? Spayed / Neutered? (please circle)	
Breed _____	Color _____
Pet's Birth Date or Age _____	

Admission Release

I hereby authorize Kachina Animal Hospital (KAH) 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. 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 contracting these infections while in boarding kennels, and I am willing to accept this risk for my pet. 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 KAH 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: _____

Kachina Animal Hospital (KAH) is staffed during business hours only. I understand that KAH 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: _____

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: \$40.50 per dog per night in a regular kennel; \$30.50 per cat per night; \$30.50 per night for birds or pocket pets; and \$95.50 per night for diabetic pets receiving insulin injections and \$60.50-\$95 for a pet requiring doctor-supervised boarding. If my pet requires medications to be administered while here boarding, an additional fee of \$5.00 per night will be charged. If I requested my pet to be walked, a fee of \$7 per walk 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, Care Credit, Scratchpay 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: _____

I understand that the following immunizations are required by Kachina Animal Hospital (KAH) for admission into the boarding kennel: dogs - Distemper, Hepatitis, Parvovirus, Parainfluenza, Bordetella, & Rabies; cats – Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia, & 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. Pets must have a current exam by a veterinarian at KAH within the past year to receive vaccinations. I understand that if my pet has not had an exam performed within the past year at KAH or has never had an exam performed at KAH an exam must be performed for my pet to be vaccinated. I understand I am responsible for the cost of the exam. If a pet is current on vaccinations from another veterinarian, 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 KAH boarding facility. Pet's left with no proof of vaccines will be examined and vaccinated if we cannot obtain proof of current vaccinations. I may request an estimate of the cost of immunizations prior to admission to the facility. I understand that while the required vaccines are highly effective in maximizing immunity against a disease that **no** vaccine is 100% effective. I understand there is always an inherent risk of infectious disease when boarding your pet at any boarding facility.

Initials: _____

If boarding a puppy, I understand that pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection. According to the vaccine records provided by me and the age of my puppy, the veterinarians at Kachina Animal Hospital (KAH) have advised me that my puppy has not been fully vaccinated and therefore is highly susceptible of contracting Parvovirus and other infectious diseases. I understand that until my puppy is fully vaccinated and at least 20 weeks of age, the veterinarians recommend that my puppy should not be boarded in any kennel facility, including the boarding facility at KAH. I have chosen to board my puppy in the kennel at KAH against the recommendations of the veterinarian and therefore I will not hold Kachina Animal Hospital liable if my puppy should contract Parvovirus or any other infectious disease. I also understand that, as a precaution, my puppy will be kept in an isolated area away from the other dogs boarding in the KAH boarding facility. I understand that by isolating my puppy from the other boarding dogs in no way guarantees the safety of my puppy from contracting any infectious diseases, including but not limited to Parvovirus.

Initials: _____

I understand that I may not hold Kachina Animal Hospital (KAH) 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 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 grant Kachina Animal Hospital (KAH), it's representatives & employees the right to take photographs of me or my pet in connection with the above-identified subject. I authorize KAH the use of and/or publish the photographs either in print and/or electronically. I agree that KAH may use such photographs of me with or without my name or pet's name for any lawful purpose, including such purposes as publicity, illustration, advertising, and/or web content such as Facebook or website. **I have read and understand and agree to all of the above**

Signature of Responsible Agent for
Pet(s) _____

Print Name _____

Date _____