



MEDICAL ILLNESS POLICY

Owner's Name _____

Pet's Name(s) _____

Owner's Emergency Contact # _____

Secondary Emergency Contact Person (other than owner) _____

* Required

For the protection of all pets during their stay, the following vaccines must be current and DOCUMENTED at the time of admittance.

DOGS: DHLPP, Rabies, and Bordetella
We recommend Heartworm Prevention
& Flea/Tick Control April-Oct.

CATS: FVCRP, Rabies
We recommend internal parasite prevention
and Flea/Tick Control April-Oct.

Pets with fleas will be given a mandatory treatment of Frontline (cost based on dose per weight).
Medications will be given at an additional charge of \$2.00 per day.

GARDNER ANIMAL CARE CENTER reserves the right to treat any and all infectious or contagious diseases at the discretion of the attending veterinarian.

Release of Liability for Playgroups: I authorize the Boarding Facility Staff to match my dog with other dogs of similar temperament, in order to engage in play groups during their stay. I understand that an interactive play setting is not without some risk of injury. That despite dogs appearing healthy and of safe temperament, that they are not always predictable animals and that unexpected illness or injuries may occur. I accept the potential risk involved with my dog interacting with other dogs and agree to pay for medical expenses incurred as a result of injury to my dog or caused by my dog.

Initial to Accept: _____

Mark X to Decline _____

Medical illness policy: If your pet(s) become ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, please indicate your wishes below.

_____ Please perform whatever diagnostic, medical and/or surgical treatments the attending veterinarian deems necessary including the transport to an emergency facility if required. I accept full financial responsibility.

_____ I authorize up to \$ _____.

_____ Do not implement diagnostic treatment or surgery until I authorize it. I will accept full liability.

I intend to pick up my pet(s) on the date specified. If circumstances change, I will notify Gardner Animal Care Center within 24 hours of the new pickup date. All services and charges **MUST BE PAID IN FULL AT TIME OF DISCHARGE.**

Signature: _____ Date: _____