

Adobe Veterinary Center

Pet Resort Contract

Please read and initial each statement

___ I understand that Adobe Veterinary Center cannot guarantee the health of my pet. I understand and will not hold Adobe Veterinary Center responsible for conditions that sometimes occur in boarding situations including but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea or self-inflicted injuries such as fractures and lacerations.

___ I agree to pay, in full, for all boarding charges and other non-medical associated fees.

___ I understand that the clinic is not responsible for loss or damage to any personal items left with my pet. We discourage bringing items from home as pets tend to mark or destroy them when other animals are nearby.

___ Adobe Veterinary Center will use all reasonable precaution against injury, escape or death of my pet. The hospital and medical team will not be held liable for any problems that develop, provided reasonable care and precautions were followed.

___ I understand that attendants are on site during regular business hours and on scheduled shifts on holidays and Sundays. I realize that this facility is not staffed 24 hours per day.

___ I understand that doggy doors will be closed at night for the protection of all resort guests.

___ I have read and verified that all information on the Boarding Admission Form is correct.

___ If a pet is to be picked up by someone other than the owner, arrangements must be made in advance with the veterinary clinic regarding payment of resort charges.

___ All pets not picked up within 7 days after the expected date of pickup will be considered abandoned and ownership of the pet(s) will be transferred to this veterinary practice where he/she will be either adopted to an adoptive owner, transferred to a local humane society, or euthanized if deemed appropriate.

___ I understand that all pets admitted to this facility must be protected against communicable disease and must be free of internal and external parasites. If not currently on flea and tick preventative, my pet will be treated with Frontline on presentation. There will be a charge for this service.

Authorization for Medical Treatment

As we are a veterinary hospital, all medical issues with guests in our Pet Resort will be addressed by our team of professionals.

____ I understand that if my pet becomes sick during his/her stay, a veterinarian will examine my pet, and I give permission for medical care of conditions that may arise in a boarding situation.

____ I understand that emergency treatment will be instituted in all life-threatening situations. I accept responsibility for all charges incurred for emergency stabilization.

After stabilization of emergent situations or in non-emergent situations, I give my permission for treatment of my pet up to the designated amount.

You must indicate *one* of the following for each pet staying with us:

Unlimited care _____

Under \$1,500 _____

Under \$500 _____

____ I understand that if the doctor feels that my pet is undergoing needless pain and suffering and the treatments and tests needed would exceed the above amount, the doctor is authorized to humanely euthanize (put to sleep) my pet.

We will always make every effort to contact you if your pet has a serious or life-threatening emergency. If your pet has a minor medical issue, (ear infection, broken toenail, etc.), please indicate your preference below by initialing one of the options.

____ **I do want** you to make every effort to contact me prior to any medical treatment no matter the medical condition is. I do understand that if I cannot be reached, that the veterinarian will treat my pet's condition as I have allowed by signing this contract.

____ **I do not want** a phone call for minor medical issues, just treat the medical condition.

____ I have read the policy and agree to the administration of anti-anxiety medications if the veterinarians feel that it is in the best interest of my pet during their stay. This will incur an additional charge.

____ I have read and agree to all of the boarding policies of Adobe Veterinary Center.

Optional

____ I give Adobe Pet Resort permission to post pictures of my pet on social media sites. They will never be identified by name.

Client signature: _____ Date: _____

Printed Name: _____