

CACHE MEADOW VETERINARY CLINIC

Boarding/Emergency Treatment Release & Authorization Form V10.2.14

I (Print your name here) _____ authorize boarding and or emergency care for the pets listed below

- _____
- _____

VACCINATIONS REQUIRED:

CATS: FVRCP/FELV required yearly (\$53) Rabies (\$20)

DOGS: DA2PPLB required yearly (\$53) Rabies (\$20) Intranasal Bordatella every 6 months (\$28)

The 1st rabies vaccine given is good for 1 year. All rabies boosters in Cache County are good for 3 years.

I acknowledge that Cache Meadow has reviewed the required boarding vaccines. _____ (Initial)

I acknowledge that Cache Meadow will administer any needed vaccinations and I was quoted the above pricing for these vaccinations _____ (Please Initial)

Boarding Fees:

Dog boarding, no medications/treatments needed \$18 / night or \$18 for a full day or \$9 for a half day.

Dog boarding with treatments or medications given \$28 / night

Cat boarding, no medications/treatments needed \$14 / night or \$14 for a full day or \$7 for half a day.

Cat boarding with treatments or medications given \$21 / night

I know what I will pay for my pets boarding care while at Cache Meadow
_____ (Please Initial)

PLEASE COMMUNICATE HOW YOU WANT US TO TREAT YOUR PET WHILE YOU ARE AWAY IF AN EMERGENCY ARISES BY INITIALING THE APPROPRIATE CHOICES BELOW:

1. I authorize as much treatment as is possible. I do authorize spending up to but not more than _____ in case of an emergency. I know payment is expected in full at pickup.
(Please initial and include \$ limit)

2. I do not authorize treatment for my pet unless I am contacted first for approval of the treatment.
_____ (Please initial)

Please contact me or my authorized agent while I am away at the following emergency number (s):
(Please include agent names next to numbers)

_____, _____, _____

PLEASE READ:

I acknowledge that if I desire to change my selected options above, I must appear in person and fill out a new boarding release form, and that it is my responsibility to make said changes.

I am the owner or agent for said pet(s) and have full authority to execute this agreement. I understand that there are certain risks involved with boarding my pet. I understand that if treatment is rendered, Cache Meadow Veterinary Clinic is unable to guarantee a favorable outcome.

I agree to hold Cache Meadow Veterinary Clinic, its veterinarians and employees harmless from and against any and all liability arising out of the treatments I have authorized above that are deemed necessary to provide adequate care of the above named animals.

YOUR SIGNATURE HERE _____ **DATE** _____

EMPLOYEE WITNESS SIGNATURE HERE _____