Dodd Animal Hospital 2940 Rigsby Avenue, San Antonio, Texas 78222 (210)-333-5753

BOARDING AGREEMENT

Owner's Name _					
Emergency Conta	act Name				
Pet's Name		Date Admitted		Date of Pickup	
Personal Items -	- Please check all th	nat apply			
□ Treats		□ Bed□ Blanke□ Toy(s)		□ Other	
Feeding Instruct Own Food Clinic Food	tions – Please circle Wet / Dry / Dry	Both A		M. Only / Both A.M. & P.M. / Grazer M. Only / Both A.M & P.M./ Grazer	
Medications				4 3 7 4 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	
Drug Name & Strength		Dosage Instructions		Time Last Given	
1.)					
2.)					
3.)					
4.)	day of modication	administration whi	la boarding w	vill incur an additional fee	
Vaccination Poli To ensure the provaccines were do	cy tection of all pets une elsewhere, writte nnot be provided, a gly.	nder our care, the fen documentation f	following vace from an attend ions will be a	cinations must be up to date. If ing veterinarian is required. If proof dministered and your account will be	
Canine	Date Given		Feline	Date Given	
DHPP			FVRCP		
Leptospirosis			Leukemia		

Flea or Tick Policy

Bordetella Rabies

To prevent Tick or Flea infestation of the hospital and its patients, all incoming pets are carefully examined for any evidence of fleas or ticks. If Ticks or fleas are detected, a Tick or flea treatment will be given at an additional cost to the owner.

Rabies

Complementary Bath

A complimentary bath will be given after 5 nights of boarding as long as pet is picked up after 12 p.m. At your request, a bath can be given for a reduced fee after 3 nights of boarding.

Would you like your dog to be given a bath? Yes / No

Medical Illness Policy

If your pet becomes ill while boarding, we will attempt to contact the owner and emergency contacts at the phone numbers provided regarding symptoms, treatment options and estimated cost. If no one can be reached, we will perform whatever services the doctor deems necessary to relieve discomfort or resolve a serious medical condition and you will be responsible for the charges.

Consent for Cardiopulmonary Resuscitation
Should my pet, based on the medical judgement of a Dodd Animal Hospital veterinarian, require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, possible pressure respiration, emergency drugs, or other heroic interventions, I request o decline that the doctors at Dodd Animal Hospital pursue such medical care as indicated below
A. INITIALS REQUEST CPR
I understand that there is no guarantee that my pet will respond to CPR. I also understand that even the most successful CPR that restores my pet's life may not allow for my pet to regain his/her normal ments and/or physical health. Having requested such emergency procedures, I agree to be held financially responsible for any additional charges associated with the life savings measures taken by Dodd Animal Hospital staff. Regardless of my pet's survival, I agree to pay any incurred fees in addition to the other fees already identified by the practice and agreed upon by me. I agree that if Dodd Animal Hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, a veterinarian determines that there
appears to be virtually no hope for medical success, the further CPR procedures will cease.
OR .
BINITIALS DECLINE CPR I understand that if my pet stops breathing and/or their heart stops beating, that my pet will die unless CPR is performed. I agree to the above terms and release and request that NO CPR be performed on my pet.
Aggressive Pet Notice
For the safety of clinic staff, reasonable precaution will be taken when handling pets that have been deemed as aggressive. Further, an Aggressive Pet Fee will be charged for each day of boarding.
Special Instructions or Comments
I understand and agree that any incurred boarding and/or medical expenses will be the responsibility of the owner and must be paid for at the time of pickup.
Signature Date