

## Boarding Consent and Agreement

Client's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

In order to establish a safe and healthy environment for all participants in its boarding program, this facility requires that all dogs attending boarding have proof that appropriate vaccines have been administered and are current. Pets that are so young that they have not completed their entire series of inoculations may not yet be fully protected and, thus, owners of these dogs must accept any risks of infection.

I certify that my dog has received the following vaccines and heartworm preventives. For each dog, please list the administration and expiration dates for the following vaccines:

Rabies: \_\_\_\_\_ DA2PP: \_\_\_\_\_ Bordetella: \_\_\_\_\_

Is your dog on monthly heartworm preventives? \_\_\_ yes \_\_\_ no – Product Name: \_\_\_\_\_

I verify that the above named dog(s) are in good health and to my knowledge have not shown clinical signs of any communicable disease within the last 14 days. I further certify that neither dog has caused harm to nor shown aggressive or threatening behavior towards people or dogs. By initialing each section, I confirm that I have read and understand the following:

\_\_\_\_\_  
*Initials* 1. I understand that attendance by my dog(s) at this boarding program involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries. I assume the risks of and responsibility for the costs to treat any injuries by dog(s) sustain while playing at this facility. I further understand and accept that in the absence of negligence, the owners and staff will not be held liable for any injuries or deaths related to my dogs' participation in this program.

\_\_\_\_\_  
*Initials* 2. In the event my dog(s) contract a communicable disease during the time he/she is attending this program, I assume the risks and accept responsibility for the costs for all treatments. I also agree to withhold my dog(s) from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring communicable diseases are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

\_\_\_\_\_  
*Initials* 3. I understand and agree that if the need arises, emergency medical care for my pet will be Provided by Harbor Animal Hospital and I agree to pay all reasonable costs for such treatment. I have been informed that someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me.

Phone number where I can be reached in case of emergency: \_\_\_\_\_

I have read this consent and understand that some risks always exist when groups of dogs are allowed to intermingle. I have been encouraged to discuss any concerns I have about those risks and have had my questions answered to my satisfaction.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date