

Client Account Number: _____

AHNA Employee Initial: _____

Animal Hospital of North Alabama

Monday-Friday 7am-6pm

Saturday 8am-12pm

Boarding and Daycare Policies, Consent and Liability Release

Today's Date: _____

Owner's Name: _____ Phone Number: _____

Pet's Name: _____ Species: _____ Sex: _____

Policies

We sincerely appreciate the trust you have given us to care for your pets. To provide the best care possible for all pets entrusted to us, it is important that all clients understand and follow our policies and procedures. Please check that you have read and understand each policy.

Group Play Assessment

- Assessments and acceptance into a play group is at the sole discretion of Animal Hospital of North Alabama staff. Assessments are based on personality, socialization, and observed play behavior. We do not discriminate against any breed of dog. Once a dog is accepted into a play group. They are continually assessed for aggressive or undesirable behaviors. Animal Hospital of North Alabama reserves the right to remove, either permanently or temporarily, any dog from a play group at any time, with or without prior notice. All pets participating in play groups must be spayed or neutered.

Vaccine Requirements

- All pets shall be vaccinated, by a licensed veterinarian, and up to date on the following vaccines.
- Dogs: Distemper/Parvo (DH2PP), Rabies, Kennel Cough (Bordetella), and Heartworm Test
 - Cats: Distemper/Upper Respiratory Combo (FVRCP) and Rabies

If proof is not provided at the time I drop off for either boarding, daycare or Animal Hospital of North Alabama's records indicate that my pet's vaccines are expired, I authorize Animal Hospital of North Alabama to perform, at my expense, all required examinations and vaccines with or without prior notification.

Boarding Charges

- I agree to pay all boarding costs at time of pickup. Boarding prices are subject to change at any time with or without notice. Boarding rates are set up like a hotel and based on the following:
- You are charged for the day you drop off, regardless of what time you drop off.
 - Please call and let us know if you need to change your drop off or pick up dates.

Drop Off and Pick Up Times

- Drop off**- Monday- Friday 7am-5:30pm, Saturday 8am-11:30am
- Pick up**- Monday-Friday 12pm-5:30pm, Saturday 8am-11:30am
- **If you would like a bath, nail trim or anal gland expression, we can do so at an additional charge. Please let the receptionist and kennel technician know when you drop off.**
- If you miss your pickup time, you will have to wait until the next available pickup time. You will be responsible for paying any additional boarding charges that may apply. Holidays may affect drop off and pick up times. A holiday schedule is posted on our Facebook page.

Client Account Number: _____

AHNA Employee Initial: _____

Daycare Package Refund and Transfer Policy

- Daycare packages or pre-purchased days are nonrefundable and cannot be transferred to pay for other services.

Late Cancellation and No-Show Policy

- Cancellation and no-show fees are required because we reserve space for your pet, we are turning away other boarders interested in the space. We consistently have a waiting list of people trying to reserve space in our facility. Proper notification for a cancellation gives us enough time to fill the space with another boarder. Additionally, we pay to staff the facility based on scheduled reservations. Cancellation fees will be added to your account and an invoice will be mailed to you.
- We require a 48-hour cancellation notice for all reservation in November-January. Cancellations without proper notification will be charged a \$25 no show fee.

Ingestion of Foreign Objects

- The staff at Animal Hospital of North Alabama takes all reasonable precautions and closely supervises each pet to avoid ingestion of foreign objects, however, dog behavior by nature is unpredictable. Animal Hospital of North Alabama will not pay for, reimburse, or be held liable for the ingestion of any foreign object. This includes, but not limited to bedding, rocks, shrubbery, and toys or pieces of toys.

Owner Property and Bedding

- Animal Hospital of North Alabama will not be held responsible for lost or damaged property.
- Personal bedding must be labeled with a permanent marker (no tape)
 - To protect owner's property, personal bedding will be removed if the dog is chewing on it and replaced with clinic bedding.
 - Personal bedding must be washable. If it is not washable; we will not place it in the kennel.
 - Bedding will be washed and dried if a water bowl gets spilled on it or it becomes soiled while personal bedding is being washed, clinic bedding will be provided.

Toys and Treats

- No toys, bones, or rawhides are allowed in the kennels. They are a choking hazard! Treats, jerky and biscuits that are consumed immediately are ok and provided per owner request.

Medications and Supplements

- State law requires that medications and supplements be provided in original packaging. Medication or supplements provided in other packing (i.e. a plastic bag or weekly container) will not be administered. By signing below, you give your consent and permission for the staff at Animal Hospital of North Alabama to administer all medications and supplements you, or your agents, provide and list on the boarding or daycare contract.
- Prescription medication must be in a prescription bottle with a current prescription label from a licensed veterinarian. We will administer the medication in accordance with the labeling instructions. We will NOT administer prescription medication "off-label" or "over the counter". Prescriptions with altered labels will not be administered.**

Consent and Release

Owner of Record

- I am the owner of record for the pet(s) above. As such, I am both legally and financially responsible and am authorized to make medical decisions.

Client Account Number: _____

AHNA Employee Initial: _____

Group Play Informed Consent

- I consent for my dogs(s) to participate in group play at Animal Hospital of North Alabama. I understand that during playtime my dog will be playing in a group with other dogs. Although the staff of Animal Hospital of North Alabama will closely supervise all group play in strict accordance to all standards and guidelines established by the Alabama Department of Agriculture, **I understand and accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries (including, but not limited to, puncture wounds, scratches, sprains, ACL tear, broken bones, etc.)** I further understand and accept that the owners and staff of Animal Hospital of North Alabama will not be held liable for any injuries or death sustained by my dog while under their care. Payment, in full, for treatment of any injury is required at pickup.

Communicable Disease Acknowledgement and Release

- A Communicable Disease is any illness that dog's contract when they commune together. **Some common examples include, but are not limited to, kennel cough, conjunctivitis (eye infection), and papilloma virus (mouth warts).** Kennel cough is one of the most common illnesses that dog's contract. There are variations in strains of kennel cough and the current vaccines are not designed to cross-protect against all types. The label descriptions on vaccines do not indicate complete protection from infection or clinical signs. **Even if your dog is vaccinated, there is still a risk of them contracting this illness.** We require the Kennel Cough (Bordetella) vaccine because it is the best practice in protecting your pet, as well as the other pets in our care.
- I understand that while Animal Hospital of North Alabama takes all reasonable steps to avoid communicable diseases, there is still a risk of acquiring a communicable disease while boarding or daycare. In the event my pet(s) contracts such a disease while boarding, I assume all the risks and agree to pay the cost of all treatments, exams, diagnostics, and medications. I further agree to hold the owners and staff of Animal Hospital of North Alabama harmless from expenses incurred for such treatment. Payment, in full, for treatment of any illness is required at pickup.**

Owner Signature: _____ Date: _____

Emergency Release and Medical Treatment Authorization

- I understand that if the need arises medical treatment for my pet will be provided by the doctor(s) and staff of Animal Hospital of North Alabama. I consent to all treatments and I agree to pay all costs associated with such treatment. I understand that someone from Animal Hospital of North Alabama will attempt to notify me at the phone number(s) I provided and that if I, or my agents, cannot be reached in a reasonable amount of time I authorize a doctor of this facility to make all medical decisions for my pet. The state requires that we inform all clients that in the event of your pet's death, their remains will be preserved and kept on the premise until your return; at which time you will be provided all of your options and will be charged additional costs for proper storage and disposal.

Social Media Photo Authorization, Release, and Consent

- I authorize and grant Animal Hospital of North Alabama, Paws and Claws Pet Lodge, to take photos of experiences that they have with my pet.
- I grant Animal Hospital of North Alabama, Paws and Claws Pet Lodge, the right to uses my photos on Facebook Twitter, Instagram, and other social media platforms.
- I allow Animal Hospital of North Alabama, Paws and Claws Pet Lodge the right to edit, alter, copy, distribute the photos for social media advertising and marketing.
- I agree that the photos belong to Animal Hospital, Paws and Claws Pet Lodge.
- I understand that I will not receive any monetary compensation from said photos.
- I understand that Animal Hospital of North Alabama, Paws and Claws Pet Lodge may or may not use my name or the pets name in our advertising and marketing.

Client Account Number: _____

AHNA Employee Initial: _____

By signing below, you are agreeing that you have read this contract and will abide by these policies and liabilities.

Would you like to receive a copy of our Boarding Policies, Consent and Liability Release for your records?

Yes

No

Print Name: _____

Owner signature: _____ Date: _____

Owner Phone Number: _____

Emergency contact: _____

AHNA Employee Signature: _____ Date: _____