

# KENNESAW MOUNTAIN ANIMAL HOSPITAL



## HOSPITAL AGREEMENT

### BOARDING

### GROUP PLAY/DAY PLAY

### GROOMING

#### **LIMITATIONS/RESTRICTIONS**

I understand that Kennesaw Mountain Animal Hospital reserves the right to deny boarding/day play/grooming services for any Pet, for any reason at any time including but not limited to: vaccinations not current, signs of contagious symptoms, aggressive behavior, etc.

#### **DISCLOSURE**

I certify that I am the sole owner or authorized agent and have full authority to make decisions regarding the pet's welfare and medical care. I accept the financial responsibility for this pet and I understand that payment is due at the time services are rendered.

I certify that I will **NOT** bring my Pet to participate in Day Play, Grooming or Boarding if he/she is exhibiting symptoms of illness, including but not limited to: diarrhea/loose stool, coughing, sneezing, eye discharge, etc.

I agree to disclose all known behavioral issues, including but not limited to: a history of dog aggression, people aggression, etc.

#### **TREATMENT**

I understand the vaccination requirements (DHPP, Bordetella, Rabies, Canine Influenza N8 and Canine Influenza N2) for my Pet to participate in Day Play or Boarding. I also understand that if my Pet is not current on vaccines or documentation of vaccines are not provided, Kennesaw Mountain Animal Hospital will administer such vaccines at my cost during my Pets visit/stay.

I understand that if my Pet exhibits symptoms of illness while attending Day Play that he/she will be promptly removed and will not be allowed to return to Day Play until proof of treatment is provided and symptoms have ceased for a period of fourteen days or a time dependent on our doctors' recommendations for a particular disease.

I understand that my Pet must be free of fleas to participate. If fleas are noted on my Pet, my Pet will be treated immediately with a weight-appropriate dosage of Capstar. There will be an additional charge for any necessary flea treatment. If my Pet is staying for longer than 48 hours, then my Pet will be administered a Capstar every 48 hours due to the duration of action of this medication.

#### **ASSUMPTION OF RISK**

The risk of injury/incident does exist; Kennesaw Mountain Animal Hospital has taken careful precaution by having their staff complete and pass Dog Language and Group Play certification classes. I understand that much like allowing a child to attend daycare or play a contact sport, risks of illness or injury are inherent, and the associated medical costs are the responsibility of the parent (pet owner). I understand that I am financially responsible for the associated veterinary care if my Pet is injured or becomes ill as a result of attending Group Play or Day Play. I understand and agree that Kennesaw Mountain Animal Hospital and its staff are not liable for any accident or injury that may occur. Examples of potential injury include but are not limited to: Bite wounds, lameness injuries, etc. I understand that I am encouraged to discuss any concerns I have with the Kennesaw Mountain Animal Hospital staff before I sign this release. I agree to let my Pet participate in Group Play and/or Day Play. The decision to participate in either Group Play or Individual Play will be

dependent on whether our staff has deemed my pet applicable for Group Play via temperament testing. We have your Pets best interest at heart and want he/she to be in their best environment for emotional and physical health.

I understand that any problem, including but not limited to: injury, accident, illness or death that occurs while on the Kennesaw Mountain Animal Hospital premises will be treated as deemed best by the veterinarian on duty. Should the hospital not be able to reach me or my emergency contact within a reasonable amount of time, I authorize the attending veterinarian to administer the minimum medical treatment required to ensure the health and safety of my pet. I will also assume full financial responsibility for any expenses incurred.

**INITIAL** one of the following:

No call needed prior to treatment.

Please call prior to treatment.

If I prefer for my pet to be treated at another veterinary hospital (in the event of injury) I understand that it is my responsibility to transport my pet to that facility for treatment. Please inform us if this is the case for your Pet and we will document this information in your Pets chart. However, know that our doctors have taken a Veterinary Oath to stabilize any life-threatening injuries until your Pet may be transferred safely to a different hospital per your decision.

**MISCELLANEOUS**

I authorize Kennesaw Mountain Animal Hospital to take photographs/video of my Pet while boarding and/or participating in Day Play or Group Play and I authorize the use of these photos in hospital marketing material and on social media websites.

I understand the boarding hours for Kennesaw Mountain Animal Hospital are Monday – Friday, 6:30 am – 6:30 pm and Saturdays, 7:30 am to 4:30 pm. I understand that my Pet will be boarded overnight if I attempt to pick up after closing and that regular boarding rates will apply.

As owner/authorized agent, I authorize Kennesaw Mountain Animal Hospital to admit my Pet to their Boarding and Day-Play facility. I accept full financial responsibility and understand that payment is due at the time services are rendered.

I understand that this document will cover any future visits for Boarding, Day Play or Grooming.

**PET NAME** \_\_\_\_\_

**PET NAME** \_\_\_\_\_

**PET NAME** \_\_\_\_\_

**PET NAME** \_\_\_\_\_

**OWNER**

**AUTHORIZED AGENT**

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_