

Columbine Animal Hospital

Boarding Admission Form

I, having the authority, do give my consent to Columbine Animal Hospital, Inc. for Dr. Lee F. Bregitzer and/or his agents to receive (pet)_____ for boarding.

I understand that The Columbine Animal Hospital, Inc. is to use all reasonable precautions against injury, escape, or demise of the animal, but will not be held liable or responsible in any manner whatever or any circumstances on account of the care, treatment, or safekeeping of my animal or otherwise in connections therewith as it is thoroughly understood that I assume all risks.

I understand that if my animal is not current on required vaccinations, he/she will be brought up to date and these costs added to the above described procedures.

While boarding, if my pet shall become ill, Columbine Animal Hospital, Inc. may institute diagnostic procedures and treatment, and if death should occur, a necropsy may be performed. I accept that additional expense will be incurred.

All medical, surgical, hospital, and boarding charges shall be paid at the time my pet is released. The animal will be considered abandoned and may be disposed of or euthanized as the management of Columbine Animal Hospital, Inc. sees fit, if the pet is not called for within 10 calendar days after receipt of written notification or notification to Columbine of undeliverable written notice. If it is understood that abandonment does not release me from paying all costs of services, boarding hospital/medical/surgical fees. I agree to be liable for all costs of collection, including attorney and legal fees for non-payment and/or abandonment.

Please notify us in writing of any special dietary, health, allergies, medical reactions, medications being received, or important information. (Use back if necessary).

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist during our regular office hours). **All professional fees are due at the time services are rendered. We accept cash, check, and major credit cards.**

After carefully reading the above, I have signed in agreement.

Signed _____
Address _____
Phone-home _____
Phone-work _____
Date _____

Emergency Contact
Responsible friend/relative
Name _____
Address _____
Phone-home _____
Phone-work/cell _____