\*NOTE - IF YOUR PET IS OVER 8 YEARS OLD, WE NEED THE FOLLOWING SENIOR FORM

SENIOR DOG BOARDING DISCLOSURE

Pets Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any and all known health conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this pet on any medication: \_\_\_\_\_\_\_Name and purpose of RX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available for contact while my pet is being boarded:      Yes             No

Number I can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact if I cannot be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet of record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCLOSURE:    *As a senior pet owner I realize that the possibility of needed vet care, and the possibility of death is greater with my pet than that of a younger pet.  Although I know that my pet will receive the best of care while being boarded and/or groomed, I understand that should something happen to my pet I need to make known my wishes as to certain issues that may need to be addressed.*

If my pet should become ill, I would like my pet treated by (check one)

                My vet only: \_\_\_\_\_\_\_Vets name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                Vet of preference by boarding facility

                Nearest vet available for emergency care

I authorize treatment for my pet up to:

                $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state dollar amount)

                Any amount necessary for my pets care

                Initial evaluation only, further costs only be authorization

At what point would you allow euthanasia for your pet?

                At vets recommendation

                Not at all

                Under the following circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my pet should fall asleep in death I would like my pet cremated:    Yes           No

                With ashes back:      Yes           No

                I do not want my pet cremated

By signing this form, I agree that I will be financially responsible for charges incurred for supplemental care for my pet, including euthanasia and cremation as outlined above.   I further agree I will not hold the boarding facility responsible for sickness and/or death of my senior pet, should such occur.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_