Caring Hands
VETERINARY HOSPITAL
& HOSPITALITY CENTER

Medical Boarding Authorization & Acknowledgment Form

Client Information

Owner Name: _____
Phone Number: _____
Email Address: _____

Patient Information

Pet Name: _____
Species/Breed: _____
Age/DOB: _____

Boarding Dates:
Check In Date: _____
Check Out Date: _____

In the event you cannot be reached, please provide name and phone number of someone who is authorized to make medical decisions for you pet:

_____

Medical Boarding Authorization

Medical boarding is a specialized service for pets requiring ongoing medical care and monitoring during their stay. Please review and initial each section below:

_____ **I UNDERSTAND THAT CHVH DOES NOT HAVE OVERNIGHT STAFF AND DOES NOT PROVIDE ON CALL MEDICAL CARE TO PETS WHEN THE HOSPITAL IS CLOSED.**

_____ I understand that if my pet experiences a medical emergency that requires care beyond what Caring Hands Veterinary Hospital can provide, or if veterinary medical staff are unavailable the hospital may arrange transfer of my pet to an emergency veterinary facility. I understand that any costs associated with emergency evaluation, treatment, or transfer will be my responsibility.

Care & Housing

_____ I understand my pet will be housed in the hospital boarding area (upstairs) and not in standard boarding kennels.

_____ I understand my pet will be managed under a hospitalization treatment plan that is reviewed by medical staff daily.

Medications, Food & Belongings

_____ I agree to provide all necessary medications and instructions to last the entire duration of my pets stay.

Medical Oversight & Emergencies

_____ I authorize the hospital to provide necessary medical care if my pet's condition changes.

Check in and Check out Times

_____ I understand that medically boarded patients can only be checked in and checked out during HOSPITAL business hours (Monday - Friday from 8am to 5:30pm and Saturdays from 8am to 3pm) **SUNDAY CHECK IN/OUT IS NOT PERMITTED.**

Veterinary Examination Requirement for Medical Boarding

A. Owner understands and agrees that, as a condition of medically boarding their Pet at Caring Hands Veterinary Hospital (CHVH), the Pet must be under the care of a CHVH Doctor of Veterinary Medicine (DVM). This requires that the Pet undergo a physical examination performed by a CHVH DVM prior to or at the time of admission.

B. Owner acknowledges and accepts full financial responsibility for the cost of the examination, as well as for any additional diagnostic tests, procedures, or treatments deemed necessary by the attending DVM for the health and safety of the Pet during the boarding period.

C. Owner further understands that if they decline the required examination, CHVH reserves the right to cancel the Pet's boarding reservation immediately. In such cases, any deposit paid for the stay is non-refundable.

Medical Records Requirement

A. Owner agrees to provide CHVH with a complete and accurate copy of the Pet's full medical history prior to the start of the medical boarding stay. This includes, but is not limited to, records of past and current medical conditions, medications, surgeries, vaccinations, allergies, and any behavioral concerns.

B. CHVH shall not be held liable for any adverse event, injury, illness, or negative outcome that arises during or after the boarding stay if such outcome is determined to be, in whole or in part, the result of incomplete, inaccurate, or omitted medical information—whether such omission was intentional or unintentional.

C. It is the Owner's sole responsibility to ensure all relevant medical history is disclosed prior to boarding.

Disclosure of Behavioral History

A. Owner is required to provide CHVH with a complete, accurate, and up-to-date report of the Pet's behavioral history prior to drop-off for medical boarding. This includes, but is not limited to:

- History of aggression toward humans or other animals
- Bite history (regardless of perceived severity or provocation)
- Fear, Anxiety, and Stress (FAS) levels or triggers
- On-leash or off-leash reactivity or aggression
- Generalized aggression or resource guarding
- Sensitivity or adverse reactions to handling, pain, restraint, or medical procedures
- Known reactions to medications, including injectable or oral treatments

Owner understands that failure to disclose such information, whether intentional or unintentional, may compromise the safety of the Pet, other animals, and CHVH staff. CHVH shall not be held liable for any incident, injury, or outcome arising from undisclosed or inaccurately reported behavior.

Authorization for Veterinary Medical Decision-Making

A. Owner hereby authorizes any Doctor of Veterinary Medicine (DVM) employed or contracted by CHVH to make medical decisions on the Owner's behalf for the duration of the Pet's boarding stay, if the DVM determines such decisions are medically necessary to protect the health and safety of the Pet, other boarded animals, or CHVH staff.
B. This authorization includes, but is not limited to, administering medications, performing diagnostic tests, providing supportive care, initiating isolation protocols, or modifying the Pet's care plan as needed.
C. Owner agrees to assume financial responsibility for any treatments, diagnostics, or care provided under this authorization.

Authorization for Medication Management

A. Owner hereby pre-authorizes CHVH and its veterinary staff to prescribe, administer, refill, adjust, or discontinue medications for the Pet, as deemed medically appropriate by the attending Doctor of Veterinary Medicine (DVM) during the boarding stay.
B. This includes, but is not limited to, oral, topical, injectable, and inhaled medications, as well as nutraceuticals or supportive therapies.
C. Owner accepts full financial responsibility for the cost of all medications and related administration fees provided under this authorization.

Medication Administration and Associated Fees

- Medications will be administered to your pet at the following rates:
  - Oral Medication: $10 per day (includes all oral medication administrations for the day)
  - Injections: $10 per injection
  - Other Treatments: TBD by veterinarian and/or practice manager
  - Medical Waste Disposal Fee - applied daily - supports the safe disposal of used needles or other sharps in compliance with medical waste regulations

Owner agrees to assume full financial responsibility for these fees as applicable.

Owner-Provided Medications and Replacement Policy

A. Owner agrees to provide all medications in their original packaging with clearly legible labels that include the Pet's name, prescribing veterinarian, drug name, strength, dosage instructions, and expiration date.
B. CHVH reserves the right to refuse administration of any medications that are:

- Expired
- Inappropriately labeled
- Missing original packaging
- Damaged, contaminated, or otherwise deemed unsafe for use by CHVH staff
- In such cases, CHVH will replace or refill the medication as needed to ensure continuity of care, and Owner agrees to assume full financial responsibility for the cost of the replacement medication(s).

C. Medication Containers: CHVH does not discard owner-provided medication bottles or packaging, with the exception of used vials (e.g., injectable medication vials), which may be discarded in accordance with medical waste disposal regulations. All other medication containers, including empty bottles, will be returned to the Owner at the time of discharge.

Emergency Life-Saving Care Authorization

A. Owner understands and agrees that in the event of a life-threatening medical emergency during the Pet's stay, CHVH will make every reasonable effort to preserve the life and well-being of the Pet, including but not limited to:

- Administering emergency medications
- Performing medical procedures
- Providing supportive care
- Administering sedation if necessary

B. Owner authorizes CHVH to proceed with such measures without prior notification, if in the professional judgment of CHVH's veterinary staff, delay could endanger the Pet's life.
C. Owner acknowledges and accepts full financial responsibility for all costs associated with emergency interventions provided under this authorization.

AUTHORIZATION TO PERFORM CPR

The charge for CPR is $360.00 (This does not include the urgent care exam fee.)
( ) I authorize CPR to be performed.
( ) I decline CPR to be performed.

Emergency Veterinary Care and Transfer Authorization

A. Owner authorizes CHVH to transport or arrange for transport of the Pet to an emergency veterinary facility if CHVH's medical staff determines that emergency care is necessary and cannot be adequately provided on-site.
B. Such decisions may be made without prior notification to the Owner if, in the professional judgment of CHVH staff, delay would place the Pet's health or life at risk.
C. Owner agrees to assume full financial responsibility for all costs associated with emergency transportation, evaluation, diagnostics, treatment, hospitalization, and any other related services provided by the receiving emergency facility.

Acknowledgment of Risk and Limitation of Liability for Medically Fragile Pets

A. Owner acknowledges that boarding a medically fragile Pet involves inherent risks, including but not limited to deterioration of health, injury, or death, even with appropriate care and monitoring.
B. By admitting their Pet for medical boarding at CHVH, Owner voluntarily assumes all such risks and agrees to hold CHVH, its veterinarians, staff, and affiliates harmless from any and all claims, liabilities, damages, or losses arising from the Pet's condition during the boarding stay, except in cases of gross negligence or willful misconduct.
C. Owner understands that while reasonable efforts will be made to care for the Pet's medical needs, CHVH cannot guarantee any particular outcome.

Care Provided by Trained Kennel Staff
A. Owner understands and agrees that while the Pet is under medical boarding at CHVH, the majority of daily care, including feeding, monitoring, cleaning, administering medications, and basic handling, will be provided by CHVH's trained kennel staff.
B. Owner acknowledges that kennel staff have received appropriate training in animal care, medication administration, behavioral observation, and safe handling practices, and are qualified to manage the routine needs of Pets under medical boarding.
C. Licensed veterinary staff will provide oversight and will participate in the Pet's care as medically necessary, based on the Pet's condition and at the discretion of the attending DVM.

No Overnight Staffing Disclaimer
A. Owner acknowledges and understands that CHVH does not provide on-site staffing or supervision outside of regular business hours, including overnight. As a result, Pets boarded at CHVH will not be monitored continuously during nighttime hours.
B. By proceeding with medical boarding under these conditions, Owner accepts and assumes all risks associated with the Pet's condition during periods when CHVH staff are not present. CHVH shall not be held liable for any injury, illness, deterioration of condition, or death that occurs during unsupervised hours, except in cases of gross negligence or willful misconduct.

Sunday Staffing and Veterinary Availability
A. Owner understands and acknowledges that there are no medical staff routinely on-site on Sundays.
B. Care provided to boarded animals on Sundays will be performed exclusively, by CHVH's trained kennel staff.
C. Owner accepts and assumes all risks associated with the reduced on-site medical supervision during Sundays and understands that any urgent medical needs will be communicated to an emergency clinic, who will determine if in-person intervention is necessary.

Canine Exercise Policy and Additional Playtime Fees
A. Owner understands that, unless otherwise specified, all canine boarders receive three (3) standard walks per day as part of their medical boarding stay.
B. If the Owner requests additional walks, outdoor time, or individualized attention beyond the standard amount, CHVH will accommodate such requests when staffing and scheduling permit. An additional Private Playtime Fee of $14.99 per session will apply for each instance of extra exercise or one-on-one enrichment outside of standard walks.

Medical Boarding Fees
A. The nightly rate for medical boarding at CHVH is as follows:
- Canine patients: $70.00 per night
- Feline patients: $40.00 per night

B. These rates apply solely to the base cost of boarding and do not include any additional services, such as:
- Administration of medications
- Veterinary examinations
- Diagnostic testing
- Treatments or procedures
- Special feeding or handling requirements

Owner acknowledges and agrees to pay separately for any additional services rendered during the Pet's stay, as deemed necessary by CHVH veterinary or support staff.

STANDARD BOARDING REQUIREMENTS:

GUEST REQUIREMENTS

a. Vaccinations

All pets must be current on required vaccinations. Records must be provided prior to reservation.

Canine Requirements:

Rabies, Distemper (Hepatitis, Parainfluenza, Parvo), Leptospirosis, Bordetella

Feline Requirements:

Rabies, Distemper (Rhinotracheitis, Calici Virus, Panleukopenia)

b. Health Requirements

Must be free of parasites (fleas, ticks, worms, etc.) in the event that parasites are discovered, the animal(s) will be treated at the owners expense.

Must be free of communicable diseases

c. Behavioral Requirements

Non aggressive towards humans, and not protective of toys, food or other items.

Animal-aggressive guests will be boarded at CHVH with owners full disclosure of potential aggressive behavior, and agreement to any accommodation restrictions or special care plans deemed appropriate by a CHVH doctor.

Animals must enter and exit CHVH facility on a leash or in an appropriate carrier.

d. Daycare Requirements

Medically boarded patients will NOT be permitted to participate in daycare.

PATIENT MEALS

- For medically boarded pets, owner is required to provide pets usual diet, and ensure there is enough to last for the entire duration of their stay. All food must be sealed in a reasonably sized container labeled with animals first and last name, and feeding instructions must be provided on the intake form. We are unable to accept any raw or freeze dried food. Pets must be on a diet that is free of raw or freeze dried ingredients for 14 days prior to admission for medical boarding. CHVH may also provide the occasional treat as long as it is medically appropriate for your pet. In the event we run out of your pets diet, a veterinarian will review your pets records and select an appropriate diet for them for the remainder of their stay. Pet owner is responsible for the cost of this diet.

PERSONAL PROPERTY

- The owner accepts responsibility for all personal items left at CHVH. CHVH will not be responsible or liable for lost or damaged personal property, including but not limited to; leashes, collar, or toys. We cannot accept personal bedding or blankets during a pets stay due to sanitary concerns.

LATE FEES

- A $25 late fee will be charged for failure to pick up your pet up to 15 minutes after the designated medical boarding check out time.
- The late fee for animals not retrieved for greater than 15 minutes after designated check out time, will be one night of medical boarding fee, regardless of whether the animal is picked up or boarded for the additional night.

ACKNOWLEDGEMENT AND AGREEMENT OF ANIMAL'S PARTICIPATION RISK:

There are inherent and potential risks involved with interactions between animals, as well as between humans and animals. While medically boarded pets will not be allowed to interact with other animals, we cannot guarantee that they will not come in contact with other animals. Such interactions may result in property damage or bodily injury, including permanent disability, sickness, or death to human or animal. There may also be other risks, unknown or not readily foreseeable (collectively, "risks"). Owner accepts and assumes responsibility for all risks, including, without limitation, all losses, costs, damages, and the full cost of repair or replacement of property damages incurred as a result of animal(s) visit to Caring Hands.

Daily exercise sessions for dogs will be limited and only provided if medically appropriate to do so, and is determined by a veterinarian at CHVH.. When exercise time is provided, this time in a secure fenced area is standard for all canine guests.

ABANDONED ANIMALS:

a) Animal(s) left at Caring Hands beyond their scheduled visit, without adequate notification and the consent of Caring Hands, will be considered abandoned on the 7™ day after their scheduled check-out date. Once considered abandoned, Caring Hands will become the legal owner and guardian of the animal(s) and as such, will determine future placement. Placement is at Caring Hands sole discretion; the animal may be offered for adoption to a suitable home, or relinquished to an unrelated shelter of Caring Hands' choice.

b) If an animal is abandoned at Caring Hands', the owner may be unable to regain possession of the animal(s) and will have no recourse against Caring Hands or its affiliates.

c) The owner will remain responsible for all reasonable charges related to the animal(s) care until an appropriate placement can be made.

ANIMAL RESTRAINT:

For animal(s) and staff safety, tethering, muzzling, or other appropriate means of restraint may be utilized at Caring Hands' sole discretion.

VETERINARIAN LIABILITY AND CARE:

In the event of illness or injury, Caring Hands will immediately attempt to contact the owner or authorized guardian to discuss treatment options and/or recommendations. In the event the owner or guardian are not able to be contacted, Caring Hands' is authorized to initiate treatment deemed necessary, including emergency and supportive care, up to the following amount $_____ until owner or guardian are reached. Owner agrees to pay the amount designated in section above, as well as any additional amounts verbally or otherwise agreed to once the owner is contacted.

In the rare and unfortunate event that an animal dies while in Caring Hand's care, the animal's remains will be maintained at our facility for pick-up or further instructions.

PHOTOS, VIDEOS, and OTHER MEDIA:

Caring Hands reserves all rights to photos or videos taken of animal(s) during their visit to Caring Hands and the use of such media for promotional purposes without compensation of any kind.

DEPOSIT AND CANCELLATION POLICY:

A one night medical boarding deposit is required for all boarding reservations. Boarding deposits are non-refundable if reservations are not canceled 48 hours prior to your boarding check-in date during non-holiday periods or seven days prior to your boarding check-in date during the holiday seasons. Holidays include, but are not limited to Thanksgiving, Christmas, New Years, Memorial Day, and Labor Day and Spring Break for Adams-12 school district.

WAIVER, RELEASE AND INDEMNIFICATION.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS ADMISSION AGREEMENT. I AGREE THAT IT IS INTENDED THAT ALL TERMS OF THIS AGREEMENT CONTROL DESPITE ANY PARTICULAR STATUTE OR LAW THAT WOULD OTHERWISE PROTECT ME OR MY ANIMAL(S).

Owner(s) Signature: <first-name> <last-name>	Date
Caring Hands Representative	Date

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Client Information		**Patient Information**	
Owner Name:	<first-name> <last-name>	Pet Name:	<animal>
Phone Number:	<area> <phone>	Species/Breed:	<species>/<breed>
Email Address:	<e-mail>	Age/DOB:	<age>/<birthday>

Medical Waiver

I, the owner, confirm that I have disclosed all medical conditions affecting my pet prior to boarding.

Medical condition(s):

I understand that there is no overnight staff to monitor my animal and release CHVH of any liability up to and including any injury and death.

Please initial one:

_____ I have provided CHVH with medication appropriate for the condition(s) listed above.

_____ I have NOT provided prescribed medications and I understand that boarding with or without prescribed medication carries risk and I accept responsibility.

I understand that this waiver will be in effect from the date signed.

I understand and agree to the information above and assume all risk and responsibility of any injury/death resulting from the condition listed above.

Owner(s) Signature:
<first-name> <last-name>

Effective Date

Do Not Resuscitate (DNR) Order

Pet Name:	<animal> <last-name>
Species/Breed:	<species>/<breed>
DOB and Sex:	<age>/<birthday>
Effective Date:	

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am over eighteen years of age and (if applicable) have been informed of the critical nature of my pets medical condition.

_____ This request is being given after a Doctor from CHVH has discussed with me, my pets medical condition during my intake examination for this medical boarding reservation.

OR

_____ I have NOT been informed of any life-threatening condition my pet has, and still want to proceed with this DO NOT RESUSCITATE (DNR) order.

I hereby request that in the event my pets heart and/or breathing should stop; no person shall attempt to resuscitate my pet. This order is effective on the date set forth above until it is revoked by me. Being sound of mind, I voluntarily execute this order, and I fully understand it.

Owner(s) Signature:
<first-name> <last-name>

Date

Caring Hands Representative

Date