



GREEN COVE PET HOSPITAL
215 GREEN COVE ROAD SE
HUNTSVILLE, AL, 35803
Phone: (256)882-0219
Fax: (256)882-9389

BOARDING POLICY:

By signing the Boarding Consent Form I understand the following:

- My pet must be current on all vaccinations required by Green Cove Pet Hospital.
- All our residents receive a Capstar treatment upon arrival. Capstar is a safe, oral medication that kills all adult fleas within 30 minutes.
- If my pet soils himself/herself while boarding they will be bathed prior to release at my expense.
- If medications are necessary for treatment or handling, I give my permission to Green Cove Pet Hospital to administer such medications.
- I understand that my pet will not be released to a third party without prior arrangements and prepayment.
- **I have received an estimate of charges.** I understand it is only an estimate, not a quote. This is not a receipt or bill. It is an initial statement prepared to estimate expenses during your animal's period of hospitalization. We will make every effort to keep you informed of changes to the treatment plan. I authorize the attending veterinarian to use their professional judgment if I cannot be reached when a time sensitive decision is needed and understand I will be financially responsible for any additional services deemed necessary.
- I understand that during the performance of procedure(s), unforeseen conditions may arise that necessitate an extension of the above-named procedure(s), or different procedure(s) other than those set forth above, which may include resuscitation. Therefore, I consent to and authorize the performance of such procedure(s) necessary and desirable in the exercise of the veterinarian's professional judgment.
- I am the owner or agent for the owner of the above described animal. I am over the age of eighteen. I acknowledge that I have read and understand this consent including any risks associated with the treatment and care of my animal. I agree to assume responsibility for all charges incurred for services and supplies in the course of treatment of problem(s) diagnosed on admission and any resulting complications. **I fully understand that all charges are payable in full upon discharge of my animal and/or completion of the treatment period.**

Photography/Video Release Policy:

I hereby grant to the Green Cove Pet Hospital, the irrevocable and unrestricted right to use and publish my name, my pets name, photographs, and videos of myself and/or my pet for any lawful purpose including publicity, illustration, advertising, web-site, FaceBook, Twitter, Instagram, You Tube and any other manner or medium; to alter the same without restrictions; and to copyright the same. I hereby release the Photographer and the Green Cove Pet Hospital from all claims and liability relating to said photographs.



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Boarding Consent Form

Client Name: _____ Pet Name: _____
 Address: _____ Species: Feline or Canine
 City: _____ Breed: _____
 State: _____ Sex: Male or Female; Neutered or Intact
 Zip Code: _____ Birthday: _____
 Phone #: _____ Arrival Date: _____
EMERGENCY #: _____ Depart Date: _____

Yes No I have reviewed and accept the Green Cove Pet Hospital's Boarding Policy.
 Yes No I have reviewed and accept the Green Cove Pet Hospital's Photo/Video Release Policy.

Please, perform the services below during my pet's stay: (Check all that apply)

- Fecal only- \$22.94
- Grooming: Bath (Price is based on weight of pet) Cut Nails- \$13 (if nails are too short we will not be able to cut them)
- Vaccinations/Diagnostics Tests (see Preventive Care Consent Form for details)
- Anal gland expression- \$14.82
- Physical Exam (any concerns the doctor should know about?) _____

Medications to give and *last time given* (please list here): **Tier 1: +\$2 /day** **Tier 2: +\$4/day**

Belongings you brought with you (please list here): _____

What time would you like your pet to be ready for pickup? In the case of bathing prior to pick-up, a scheduled time is critical for success and must be **after 2 pm.** _____

- My dogs can be let outside to play together.
- I request for my pets to be boarded together. This does not affect the price of boarding. This is an option when an adequately sized run is available. In a strange environment and in a confined space, even the best of friends can end up fighting and result in the need for emergency medical attention. I understand the risk, authorize necessary treatment, and will be responsible for payment of services at discharge.

I authorized Green Cove Pet Hospital to do whatever is necessary in case of illness or in an emergency. (Owner will be contacted as soon as reasonably possible.) I authorize treatment up to \$_____ in case of emergency where I cannot be reached.

I hereby authorize Green Cove Pet Hospital to perform the following procedures/diagnostic testing/treatment(s) for Pet's Name: _____ Services: _____

I have received, understand, and approve the estimate provided to me for the Treatment Plan

In the event of cardiac arrest, **please initial desired response:**
 _____ **I DO NOT request resuscitation to be performed on my animal**
 _____ **I DO request resuscitation to be performed on my animal**

I agree that the nature and purpose of the procedures, possible alternative methods of treatment, the risks involved, and possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

Estimate of charges: \$_____ to _____ Owner/Agent Initials _____

I authorize my pet to be released to _____ **on** _____
 (Name of person picking-up pet) (Pick-up date)

 Signature of Pet Owner or Person Responsible Today's Date

Best Phone number to contact me on: _____

Team Member: _____ Scanned and attached to file: