

## Boarding Consent Form

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Powell Valley Animal Hospital  
4501 Aerial Way  
Big Stone Gap Virginia  
276-524-1214

Dear Boarding Client,

We want to keep our kennel as clean and disease free as possible for the sake of your pets' health and the health and safety of all our animals and staff. Please read over our boarding policies. If you have any questions, please do not hesitate to ask us!

- All animals must be current on their immunizations.
  - Dogs – Rabies, Distemper/Parvo Combo, & Bordetella
  - Cats – Rabies, FVRCP (upper respiratory combination)
  - If you cannot provide proof of up to date vaccines, we will administer these to your pet, at your charge.
- If we see evidence of parasites (fleas, ticks, worms, etc), we have permission to treat, as needed, to owner's expense.
- If sedation is necessary for treatment or handling, we have permission to administer as needed.
- Powell Valley Animal Hospital has permission to treat any contagious problems or emergency situations, when they arise, as they see as needed.
- We are NOT responsible for any items left with animals that may be lost or damaged.
- If I neglect to pick up my pet or contact Powell Valley Animal Hospital within one week of scheduled departure time, PVAH will assume the animal is abandoned and will attend to the situation, as they see fit. I understand that this does NOT release me from my financial obligations, and I will still be responsible for my bill.
- Pets will only be released during **business** hours and payment is expected when my pet is released from the boarding facility.
- If my pet should become injured/ill, refuse food, soil itself, or expire while boarding, I cannot hold Powell Valley Animal Hospital, the veterinarian, employees, or staff responsible or liable in absence of gross negligence or malpractice.

I have read and understand the boarding policies outlined above and give my permission for the staff and veterinarian of Powell Valley Animal Hospital to administer care as needed while my pet is boarding.

Name: (Please Print) \_\_\_\_\_

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

Witness: \_\_\_\_\_