



Morton Small Animal Clinic
1404 E Tyler St
Athens, Texas 75751
903-675-5708 - info@mortonsmallanimalclinic.com

Boarding Consent Form

Client Information:

No Client Allocated

Patient Information:

No Patient

''''
Birthday: 1970-09-14

Neutered: N

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations and all animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
2. If owner has requested their pets share a kennel, Morton Small Animal Clinic is not responsible for any injuries that may be caused by the pets to each other.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
5. We take the health and well being of your pet very seriously, and we pride ourselves on keeping our kennels clean and sanitary. With this said, there are times when diseases such as Canine Bordetella (Kennel Cough), Ringworm, Canine Parvo and Distemper may enter the clinic. Therefore, if your pet is diagnosed and/or exposed to any disease while staying in our clinic for any reason, you will be responsible for the cost of treatment to your pet.
6. If my pet(s) identified on this record become ill or should an emergency arise, I request that the following Morton Small Animal Clinic, provide all medical/surgical treatment it deems necessary, and I will be responsible for any fees associated with the treatment deemed necessary. I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I have read the boarding requirements and understand the hospital's policies.

Signature: _____

18-Apr 2019