



HILTON HEAD VETERINARY CLINIC

Boarding Consent Form

Owner's Name _____ Pet's Name _____ Check-In Date _____ Check-Out Date _____

Phone number where you can be reached in the event of an emergency/illness (____) _____

Name of emergency contact (friend, relative, etc) in case you cannot be reached _____

Emergency Contact's Phone Number 1st (____) _____ 2nd (____) _____

I understand that pets left for boarding must be current on the following VACCINATIONS: DOGS: Bordetella, Rabies, Distemper, and Canine Influenza CATS: Rabies, Feline Bordetella, and the FVRCP

All vaccines must be confirmed by a certificate from a licensed veterinarian. If a certificate is not available, HHVC will attempt to call your pet's veterinarian to verify your pet's vaccine history. I understand that any required vaccines that are not current or verifiable will be given at my expense.

I understand that if an EMERGENCY or ILLNESS arises and my contact person or I cannot be reached, the doctors and supporting staff of HHVC will do what is deemed medically necessary for my pet, and I will assume financial responsibility for any expenses incurred.

I understand that my pet's PERSONAL BELONGINGS may be left at my own risk. HHVC is not responsible for loss or damage of any belongings left with my pet. HHVC provides bowls, bedding, leashes, and food for all boarders.

I understand and agree that if my pet is left 7 days or more beyond the scheduled departure date listed above and I do not contact HHVC, my pet will be considered ABANDONED. I understand that in this situation I relinquish my ownership rights to the above named pet but I am responsible for all expenses incurred in the care, treatment, and/or disposal of the pet for as long as HHVC keeps the pet.

In the event of a MANDATORY EVACUATION of Hilton Head Island/Beaufort County for a hurricane or any other reason, I understand that it is my responsibility to arrange for my pet's evacuation. I understand that if HHVC evacuates my pets there will be a minimum fee of \$500, and I will assume financial responsibility for this fee as well as any other expenses incurred during evacuation. I understand that HHVC will make an attempt to evacuate all pets in their care but does not guarantee the ability to evacuate all pets.

I authorize the doctors and supporting staff of Hilton Head Veterinary Clinics to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the release of any information concerning my pet's health and veterinary care to other parties working with and/or in the treatment of my pets. I accept full financial responsibility for all services rendered and understand that payment is due at the time of service. Should I not pay the balance in full, I agree to pay interest on the remaining balance in the amount of 18% interest per annum. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

Please read and INITIAL the following: (additional charges will apply for the following services)

Bath w/nail trim and ear cleaning NO ___ YES ___ Perform on (date) _____

Exam by Doctor NO ___ YES ___ If yes reason _____

Special Diet (no charge if you provide) NO ___ YES ___ Name/Feeding Instructions _____

Medication(s) NO ___ YES ___ Quantity/Dose _____ Directions _____

_ Signature of Owner / Guardian / Agent Date _____ (____) _____
_ Daytime Phone Number