Gardner Animal Care Center

MEDICAL ILLNESS POLICY

Owner's Name_____

Pet's Name(s)_____

Owner's Emergency Contact #_____

Secondary Emergency Contact Person (other than owner) _____
* Required

For the protection of all pets during their stay, the following vaccines must be current and <u>DOCUMENTED</u> at the time of admittance and must have been performed by a licensed veterinarian.

DOGS: DHLP-P, Rabies, and Bordetella
We recommend Heartworm Prevention & Flea/Tick Control April-Oct.

CATS: FVCRP, Rabies
We recommend internal parasite prevention and Flea/Tick Control April-Oct.

Pets admitted with FLEAS and/or TICKS will be given a mandatory treatment of Frontline **and/or** Capstar at a separate cost based on dose per weight and the financial responsibility of the pet owner. And my pet admitted to our isolation area until deemed flea and/or tick free, at an additional charge of $10 per day while in isolation. Client Initials: _____

Medications will be given at an additional charge of $2.00 per day.

GARDNER ANIMAL CARE CENTER, for the protection of all pets in our care and for the sake of human safety, reserves the right to treat any and all infectious or contagious diseases at the discretion of the attending veterinarian, regardless of owner's treatment option chosen below. Said treatments will be the financial responsibility of the owner. Client Initials:_____

<u>Release of Liability for Playgroups</u>: I authorize the Boarding Facility Staff to match my dog with other dogs of similar temperament, in order to engage in play groups during their stay. I understand that an interactive play setting is not without some risk of injury. That despite dogs appearing healthy and of safe temperament, that they are not always predictable animals and that unexpected illness or injuries may occur. I accept the potential risk involved with my dog interacting with other dogs and agree to pay for medical expenses incurred as a result of injury to my dog or caused by my dog.

Initial to Accept:_____ **Initial to Decline** _____

<u>Medical Illness Policy & Directives</u>:

EMERGENCY DISCLAIMER: **I understand that regardless of my medical illness directive choice on this form, if the condition is or becomes life-threatening and I cannot be reached, that without a signed DNR order by myself, the pet owner, GACC is required by law to treat my pet during regular business hours until I can be reached. I will be financially responsible for those additional costs. I understand that GACC does not provide overnight medical care for pets, and if I cannot be reached and the attending veterinarian deems my pet requires overnight continued emergency medical care, my pet will be transported to the Westford Veterinary Emergency and Referral Center (WVERC) via pet ambulance. I will be financially responsible for those costs incurred by GACC and any costs incurred as a result of continued treatment at WVERC. Client Initials:** _____

I understand if my pet(s) become ill, the GACC will call the emergency number(s) I've listed on this form regarding my pet's symptoms, treatment options, and estimate of additional costs. If I or my emergency contacts cannot be reached, or my emergency contacts refuse to make medical decisions in regard to my pet(s)' care on my behalf, I have indicated my wishes below by initialing on the line preceding my choice:

_____ Please perform whatever diagnostic, medical and/or surgical treatments the attending veterinarian deems necessary. I accept full financial responsibility.

_____ Perform supportive, stabilizing care, for which I accept full financial responsibility, but do not perform ANY diagnostic, medical and/or surgical treatments the attending veterinarian deems necessary, unless you reach me or my emergency contacts for authorization. I assume full responsibility for my pet's medical outcome from denying my pet further treatment without further authorization by myself or my emergency contacts.

I intend to pick up my pet(s) on the date specified. If circumstances change, I will notify Gardner Animal Care Center within 24 hours of the new pickup date. I understand that all services and charges **are required to be paid in full at time of discharge.**

Signature:_____ Date: _____

Signature:_____ Date: _____

Signature:_____ Date: _____

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