



MEDICAL ILLNESS POLICY

Owner's Name _____

Pet's Name _____

Owner's Emergency Contact # _____

Secondary Emergency Contact Person (Name & Ph.) _____
(Not Owner) Required

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

DOGS: DHLPP, Rabies, and Bordetella

CATS: FVCRP, Rabies

Vaccine Disclaimer: No vaccine is guaranteed 100% and the required vaccines above, including Bordetella, are meant to help prevent against the most common diseases/viruses transmitted between pets. I understand that there are other upper respiratory infections that are easily spread by pets in close proximity to each other. Transmission of most URIs is often when the pets aren't exhibiting signs and given that most pets that contract a URI don't show signs for 7 – 10 days after exposure. I understand that if my pet develops signs of a URI during or after boarding at the GACC, it is not any fault of the facility and that I accept responsibility for the cost of examination and treatment. Client Initials: _____

Pets admitted with FLEAS and/or TICKS will be given a mandatory treatment of Frontline and/or Capstar at a separate cost and will be my financial responsibility. My pet will be 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: _____

Pets requiring medications administered while in boarding will be charged an additional fee per dose.

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: _____

Medical Illness Policy & Directives:

EMERGENCY DISCLAIMER: I understand that if the condition of my pet has become life-threatening and I cannot be reached, that without a signed DNR order by myself, GACC is required to stabilize 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 my pet(s) may become ill, injured or injure itself while in the care of the GACC, and that 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:

CHOOSE ONE

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: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



73 Eaton Street, Gardner, MA 01430
978.632.7110

Owner's Name _____

Pet's Name(s) _____

DO NOT RESUSCITATE (DNR) ORDER

Should my pet become critically ill while in the charge of Gardner Animal Care Center, I request GACC not perform life-saving measures or procedures to try to save my pet's life. I understand that by signing this order I take full responsibility for the medical outcome of my pet which as a result may be, or lead to, the natural death of my pet. I further understand that if my pet appears to be suffering, that GACC will attempt to contact me to discuss medicinal comfort and euthanasia options.

Owner Signature _____

Date _____