

Lodging Consent Form

Thank you for choosing Parkdale Animal Hospital to make sure your pet has fun while you're away. Our caring staff is here to ensure your pet is safe and comfortable at all times.

By leaving my pet in the care of the doctor(s) and staff of Parkdale Animal Hospital, I am consenting for them to use their best judgment in caring for my pet. In case of a medical urgency/emergency, all reasonable attempts will be made to contact me or my agent at the phone number(s) I provide. If I am unreachable, reasonable care to keep my pet comfortable and/or to save my pet's life will be administered at my expense.

I understand that if I fail to retrieve my pet within twenty-four hours of the arranged discharge date without contacting Parkdale Animal Hospital, my pet will be considered abandoned. Appropriate legal actions will be taken. I will be responsible for all lodging, legal, court, collection and other associated fees.

I understand there will be times when my pet will be securely housed without supervision, as Parkdale Animal Hospital is not staffed twenty-four hours a day.

Photographs and/or videos may be taken of my pet and may be used in literature, continuing education, promotion, on social media, etc. I will claim no ownership of or authority over these images. No identifying information about me or my family will be attached to these images.

If my pet is found to have internal or external parasites, my pet will be treated for said parasites at my expense. If the required vaccinations and parasite tests aren't current, they will be done (this may include a doctor's examination) at my expense. If my pet is not on monthly internal parasite control, my pet will be dewormed at my expense. If my pet is not on external parasite control the product of my choosing will be given/applied at my expense.

This consent form extends to the pet listed above and any others listed here: __

Emergency contact name(s) and number(s): __

May we text you (in an emergency we will try to call first)? No Yes, the number is __

Will others be **visiting** your pet(s)? By answering NO, I understand that my pet(s) will **NOT** be released to any other person under any circumstances.

No Yes and their names are: __

Will others be **picking up** your pet(s)? By answering NO, I understand that my pet(s) will **NOT** be released to any other person under any circumstances.

No Yes and their names are: __

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My pet's medication(s) that you will be giving here are: none

Medication bottles examined by: __

Drug name, dose, route and frequency

Drug name	Dose	Route	Frequency
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Are any medication refills needed? yes no

NOTE: no meds will be filled on the weekend

Team member completing admission: __ Exit appointment confirmed on schedule by: __

My pet eats: once daily twice daily three times daily free choice

The next time my pet should be fed is:

Now, is fed free choice OR tomorrow morning OR today breakfast lunch dinner

I brought my pet's food: yes no I brought my pet's water: yes no

Things I'm leaving with my pet (what, how many, color, size): __

Pick up date: __ and approximate time: __

Is the pet on internal parasite control? yes no - the pet will be dewormed upon arrival

Is the pet on an approved external parasite control? yes no - the product I choose for my pet is __

Extras :)

I elect no extras for my pet

OR

I choose the extras indicated on my pet's check-in form

I agree to the above conditions and grant Parkdale Animal Hospital permissions as described above. I have been advised of the charges for this lodging stay and agree to pay in full at discharge or before.

Client Signature and date: