



Boarding Release For Puppies

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Office: 928-772-8225
Fax: 928-759-0235

Please print in all the spaces.

Client Name _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____ If
different from above

Home Phone _____ Cell Phone _____ Emergency Phone _____

Pets Name _____

Breed _____ Male / Female Spayed / Neutered? _____

Color _____ Birth Date _____

Admission Release

I am boarding my puppy at the Kachina Animal Hospital boarding facility. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection. According to the vaccine records provided by me and the age of my puppy, the veterinarians at Kachina Animal Hospital have advised me that my puppy has not been fully vaccinated and therefore is highly susceptible of contracting Parvovirus and other infectious diseases. I understand that until my puppy is fully vaccinated and at least 20 weeks of age, the veterinarians recommend that my puppy should not be boarded in any kennel facility, including the boarding facility at Kachina Animal Hospital. I have chosen to board my puppy in the kennel at Kachina Animal Hospital against the recommendations of the veterinarian and therefore I will not hold Kachina Animal Hospital liable if my puppy should contract Parvovirus or any other infectious disease. I also understand that, as a precaution, my puppy will be kept in an isolated area away from the other dogs boarding in the Kachina Animal Hospital boarding facility. I understand that by isolating my puppy from the other boarding dogs in no way guarantees the safety of my puppy from contracting any infectious diseases, including but not limited to Parvovirus.

To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccinations and free of internal and external parasites.

We will gladly prepare a written estimate if you desire. (Please ask our doctor or receptionist.) In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express and Care Credit. We can establish a payment arrangement for qualified clients if approved in advance of the treatment. There will be a \$40.00 service charge for any checks returned unpaid.

I understand that payment is due at the time services are rendered.

Signature of Responsible Agent for Pet(s) _____ Date _____

I give permission to _____ to authorize treatment of my pet in my absence.

* The attending Doctor and Staff will not be on the premises after hours. *