

Boarding Liability Release

Revised 3/17/2020

Pets must be picked up between the hours of 9:00 am and 6:00 pm Monday through Friday, and 8:00 am and 11:30 am on Saturday. Unfortunately, discharge cannot occur outside of these hours. Personal items may be left at the owner risk. We are not responsible for items that are lost or damaged while boarding at Riverside Veterinary Hospital (RVH).

RVH cannot guarantee the health of any animal, but pledge to give appropriate care to all boarding pets. I hold this facility harmless for conditions that are often unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. Reasonable care will be given. Should the pets identified on this record become ill, I request that:

- (1) The veterinarians of RVH act in their best interest until I can be contacted _____ OR
- (2) I do not wish for treatment to be administered until I am contacted _____.

I understand, if there is a **medical emergency requiring immediate attention**, RVH veterinarians will treat in the best interest of my pet(s). I agree to pay all related expenses associated with the treatment, of my pet, until I am available to discuss further care with the attending veterinarian.

I agree to make complete payment to RVH at the time of discharge. Should the circumstance arise that my pet remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address on my record. Ten days after such written notice, the pet will be considered abandoned and may be disposed of as RVH deems best. It is further understood that such action will not relieve me from paying all cost of services and use of your hospital, including the cost of boarding. This agreement will be good for 1 year from the date of signature.

I give RVH permission to use my pet(s) picture, or video, for publicity/advertising/web content/social media pages.

Does your pet climb or jump fences? (Yes / No) *Must circle one

I have read the foregoing and agree.

Signature of Owner/Representative of Owner

Date

Emergency Contact Name and Phone number

Patient Name(s)