



Client:  
Address:

Telephone:

Patient:  
Species:  
Breed:  
Sex:  
Color:  
Birthdate:

Arrival Date:

Departure Date:

1. Is your pet up to date on **vaccinations**? \_\_\_\_ Yes \_\_\_\_ No  
\*If no, your pet will receive required vaccinations at your expense:

---

**Dogs must have Rabies, Distemper, Leptospirosis, Bordetella, and Influenza.  
Cats must be up to date on Rabies and Feline Distemper.**

2. Do you want your pet to receive a **bath package or hair cut**? \_\_\_\_ Bath \_\_\_\_ Hair cut  
\*If yes, please describe cut \_\_\_\_\_

3. Is your pet on **medication**? (**medication administration fee will be charged**)  
\_\_\_\_ Yes \_\_\_\_ No \*If yes, please list medication(s), how often they are given, and the  
**last time you gave them:** \_\_\_\_\_

4. Does your pet have their **own food**? \_\_\_\_ Yes \_\_\_\_ No  
\*How much and how often do you feed your pet? \_\_\_\_\_  
\*When was their last meal given? \_\_\_\_\_

5. Does your pet have any **belongings**? \_\_\_\_ Yes \_\_\_\_ No  
\*If yes, please list: \_\_\_\_\_

6. Does your pet have any **medical problems** that you need the doctor to address?  
\*If yes, please explain: \_\_\_\_\_

7. Please initial **one** of the following options:  
a. Ambassador has my permission to perform any treatment necessary should the need  
arise. Examples include treating diarrhea or anxiety: \_\_\_\_\_  
b. Contact me prior to any non-emergent treatment administered to my pet: \_\_\_\_\_

~ If you are a new client, we will perform a wellness exam to establish a veterinary-patient relationship in the event that we need to prescribe medication to your pet.

~ If fleas are found on your pet, you will be charged for a capstar (24 hour flea pill).

~ Dogs are let out 3 times daily on week days and twice daily on weekends. Time frames for walking are between 7 and 8 AM, between 12 and 1 PM and between 4:00 and 5:00 PM.



\_\_\_\_\_ Initials I certify that I own, or am the legal representative of, and I take full responsibility for the above-described animal. I do hereby consent and authorize Ambassador Animal Hospital and its staff to transport if needed and hospitalize this animal, and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety, and well-being of the above animal while it is under their care and supervision.

\_\_\_\_\_ Initials Please note that Ambassador Animal Hospital does not have emergency hospital services outside of regular business hours. In the event that a medical emergency arises outside of regular hospital hours, we will attempt to notify you of the emergency and your pet will be transported to the closest available facility that can handle the emergency. Please note that you are financially responsible for any emergency fees (including but not limited to transport, medications, and procedures) incurred to stabilize and/or treat your pet.

\_\_\_\_\_ Initials If I fail to pick up the animal on the day of discharge by **5 PM**, I am aware that I will be charged for another night of boarding. If I neglect to pick up the animal within ten (10) days of notice that it is ready for release in writing and mailed to the address on record, Ambassador Animal Hospital may assume that the pet is abandoned. Ambassador Animal Hospital is then authorized to take custody/dispose of the animal as it deems appropriate under the circumstances. Abandonment does not release me of my obligation of payment in full. If the animal becomes deceased while boarding, and I fail to take possession of the remains within 3 business days, Ambassador Animal Hospital has authorization to have the remains cremated, without return, at my expense.

\_\_\_\_\_ Initials I further acknowledge that I am responsible for payment in full for any procedures and treatments at the time the animal is discharged. I agree that in the case of non-payment, any collection fees or attorney fees incurred during the collection effort will be paid by me.

\_\_\_\_\_ Initials In the absence of a finding of gross negligence by a staff member, I agree to release Ambassador Animal Hospital and staff of any financial or legal responsibilities should my animal become injured in an escape attempt, refuse food, soil itself, or become ill or die while boarding.

\_\_\_\_\_ Initials I agree to have my pet's image and name used with no medical information shared (ie: cute pet or welcome new patient) and I agree to have my pet's medical images shared for educational purposes with no identifying information.

Emergency Contact Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Signature of Owner or Owner's Representative: \_\_\_\_\_

Date: \_\_\_\_\_



## Vaccination Waiver for Boarding

If your pet is not up to date on vaccines, please sign this waiver below. We are not liable if your pet contracts an illness while in our facility.

We may recommend that you not board if your pet is not up to date on vaccines or if you have no prior vaccine records.

Most vaccines require an initial injection, then a booster three weeks later. Pets are not considered immunized (protected from the disease) until at least two weeks after the booster.

It is recommended to start vaccines at least one month prior to boarding.

It is also recommended that your pet receive the booster at least two weeks prior to boarding.

Puppies and kittens can start boarding at 18 weeks if their final set of vaccines were given at 16 weeks of age. Please let us know if you have any questions or concerns regarding your pet's vaccine schedule.

I understand that there are risks associated with boarding my pet(s) without being immunized for the following vaccine(s):

---

I hereby waive and release Ambassador Animal Hospital and other pet owners if my pet were to suffer from any problems or illnesses they may be exposed to as a result of not having up to date vaccinations.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_