Boarding/Daycare/Playtime/Grooming Authorization - 2016

Client ID # First/Last Name Address City, State, Zip Phone	1._____ (1ST PET'S NAME) 2._____ (2ND PET'S NAME) 3._____ (3RD PET'S NAME)

In the event our doctors identify a possible illness or concern while your pet is in our care, we appreciate knowing beforehand your preferences for treatment. Please read the following options thoroughly and mark your preference for the care we will provide:

Level O Care: Unless urgent or life threatening - NO medications or treatment without contacting me first.

Level 1 Care: Unless urgent or life threatening - EXAMINE, treat and prescribe but please keep fees under $100
☐Contact me first but do not withhold medical care if unable to contact me or; ☐I waive the necessity of contacting me.

Level 2 Care: Unless urgent or life threatening - EXAMINE, treat and prescribe but please keep fees under $200
☐Contact me first but do not withhold medical care if unable to contact me or; ☐I waive the necessity of contacting me.

Level 3 Care: Unless urgent or life threatening - REGARDLESS of the cost, please EXAMINE and treat,in the manner deemed necessary by the attending veterinarian, and resolve the issue as quickly as possible. This includes but is not limited to using anethesia if necessary.
☐Contact me first but do not withhold medical care if unable to contact me or; ☐I waive the necessity of contacting me.

For the protection of your pet, along with other pets and our staff, if diagnosed with internal or external parasites (fleas or ticks) we will treat at your expense.

In order to establish a safe and healthy environment for all participants in **Oxford Animal Hospital's** daycare **and boarding** program, we require that all pets have proof that appropriate vaccines have been administered and are current.

I verify that the above named dog(s)/cat(s) or other household pet are in good health and to my knowledge have not shown clinical signs of any communicable disease within the last 14 days. If my pet(s) have aggressive tendancies, I have made the staff aware in an effort to avoid a conflict during their time here.

My pet has shown agression: ☐ Never ☐ Towards other animals ☐ Towards humans

By signing below, I confirm that I have read and understand the following:

1. I understand that attendance by my dog(s) at this daycare program involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries. I assume the risks of and responsibility for the costs to treat any injuries my dog(s) sustains while playing at this facility. I further understand and accept that in the absence of negligence, the owners and staff will not be held liable for any injuries or deaths related to my dogs' participation in this program.

I want my dog to participate in Group Play or Daycare:

☐ **Yes, always** ☐ **No, never.**
☐ **I only want individual play time for my dog.** ☐ **Will decide on a visit by visit case**

2. In the event my dog(s) contracts and/or is diagnosed with a communicable disease during the time he/she is attending this program, I assume the risks and accept responsibility for the costs for all treatments. I also agree to withhold my dog(s) from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring communicable disease are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

3. I understand and agree that if the need arises, emergency medical care for my pet will be performed. I have been informed that someone from Oxford Animal Hospital will attempt to reach me as soon as the situation is stable, at which time authorization for further care will be transferred to me.

I have read this consent and understand that some risks always exist when groups of dogs are allowed to intermingle. I have been encouraged to discuss any concerns I have about those risks and have had my questions answered to my satisfaction. This authorization and release will remain in force for all my pet's visits to Oxford Animal Hospital, for boarding, daycare, or grooming.

_____ _____

Signature of Owner or Authorized Agent Date