



10607 N. Frank Lloyd Wright Blvd, Suite J201
Scottsdale, AZ 85259
(480) 451-8375

Patient Name: _____ ID#: _____ Client Name: _____

IN CASE OF ILLNESS

K.C. Animal Hospital provides the highest quality medical standards for our boarding pets.

1. If a life-threatening emergency were to occur:

- We will immediately treat the pet and will be calling the contact number you have provided to alert you. There are no exceptions to this standard of practice.
- Please initial that you understand the above statement and consent to the conditions of care _____

2. If a non-life-threatening medical condition arises and/or your pet's chronic condition worsens during their stay:

- The doctor will perform an exam at the expense of the owner.
- We will then call and leave a message on each of the designated contact number you have provided on the boarding sheet to update you on the doctor's medical recommendation.
- If for any reason we are unable to reach you or your designated contact, you can choose that the doctor:
 - a) Begin to administer treatments. (Please return our call if you are able.)

Initial _____

Please do not exceed this amount _____ for additional treatments not previously authorized.

- b) Delay treatments until we receive a call back from you or your designated contact.

Initial _____

3. If you pet has diarrhea or loss of appetite during their stay:

- Give pet prescription food and/or medications. I understand that this is an additional charge.
- Call to discuss options for food and/or medications. I understand that my pet will receive what is necessary if I do not respond within 24 hours.

Initial: _____

Initial: _____

PERSONAL PROPERTY

I understand any toys, treats, or bedding items that I provide for my pet are at my own risk. I understand they cannot be monitored with these items outside normal business hours.

I understand that KC Animal Hospital is not staffed outside of normal business hours of Monday-Friday 7:30am to 6:00pm and Saturday 8:00am to 1:00pm and pick-up times are within these hours unless arranged in advance.

I have read and understand the boarding requirements and hospital policies. This agreement is valid for 1-year after signing.

Sign _____ Date _____

Emergency contact & their number:
