

Stack Hospital for Pets  
104 Clinton Street  
Fayetteville NY 13066  
(315) 637-9815

Client ID \_\_\_\_\_

Owners Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_

Pets Name \_\_\_\_\_  
Breed \_\_\_\_\_ Species \_\_\_\_\_  
Color \_\_\_\_\_ D.O.B \_\_\_\_\_

In case of illness or injury, I the undersigned, do hereby give my consent for the doctors at Stack Hospital for Pets to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Stack Hospital for Pets. I understand that every effort will be made to contact me if such an event occurs.

Stack Hospital for Pets will use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

EMERGENCY: It is my understanding that while boarding my pet at Stack Hospital for Pets, their staff has the authority to treat my pet in the event of an emergency. Emergencies may include persistent vomiting or diarrhea, injury or other life threatening contagious illness deemed an emergency by the veterinarian or a risk to other boarding animals. I understand and agree that my pet needs to be current on vaccines required for boarding, free of fleas and ticks, and free of intestinal parasites. I will be financially responsible for any and all treatment deemed necessary with regards to emergency care, vaccines, and/or parasite control.

I understand that my pet will be treated with Capstar (a flea adulticide) at admission and discharge, from boarding. This allows Stack Hospital for Pets kennel to remain flea-free. I understand that Stack Hospital for Pets is not responsible for any items left while boarding. I have read the foregoing and agree.

\_\_\_\_\_  
Owner/Representative of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency phone number

NON-EMERGENCY: I understand that all doctors and staff at Stack Hospital for Pets make every reasonable effort to keep my pet comfortable while boarding. I hereby give my consent and permission for the professional staff to examine, diagnose and treat my pet for a non-emergency condition, which may include ear infections, skin problems, eye problems, or other disorders causing my pet discomfort but not life threatening.

Yes please treat for non-emergencies: \_\_\_\_\_

Owner/Representative of owner

I decline treatment for non-emergencies: \_\_\_\_\_

Owner/Representative of owner

