

**Companion Animal Hospital**  
**Monday-Friday 7AM-9PM ■ Saturday 8AM-6PM ■ Sunday 10AM-4PM**  
**WWW.COMPANIONBELLEVUE.COM**

**MEDICAL CONSENT AGREEMENT & BOARDING CONTRACT**

**POLICIES AND GENERAL INFORMATION**

Please pick up your pet(s) no later than **30 minutes prior to closing.**

We are closed on all major holidays, and close early on Thanksgiving Eve and Christmas Eve. Please ask a Front Office Associate or visit our website for more details.

TLC is **required** every other day at the owner's expense for:

- Puppies less than 12 months of age, AND
- Any pet boarding longer than 2 weeks.

Fees for medication administration will apply for ALL medications and supplements

Subcutaneous fluids administration is **\$10.00 per day**

Personal belongings may be left with your pet however we are not responsible for loss or damage

**DUE TO SAFETY REASONS, UNDER NO CIRCUMSTANCES WILL PETS BE RELEASED AFTER HOURS**

**CONSENT**

I understand and agree to the Companion Animal Hospital exam and vaccination requirements for boarding, and understand if proof of vaccination cannot be provided, my pet(s) will be examined and/or vaccinated in order to meet the boarding facility standards.

For the protection of all pets under the hospital's care, external and internal parasites, including fleas, will be treated at a reasonable fee.

I acknowledge that Companion Animal Hospital will take all reasonable care for any belongings left with my pet(s), and is not responsible for loss or damage of said items.

Being away from home can be stressful and, as stated on the previous page, pets may be prone to worsening chronic conditions, or symptoms such as diarrhea, vomiting, constipation, anorexia, etc.

If your pet experiences symptoms from stress while boarding, we will provide treatment as deemed necessary by the medical staff. Since these symptoms are typically mild and easily treatable, you will be notified upon discharge of your pet.

In the event more extensive treatment is necessary, we will make every attempt to reach you at the contact numbers you have provided.

**I authorize Companion Animal Hospital to treat my pet(s) for any illness or injury that may arise while boarding. I give my consent to all hospital care and associated costs deemed necessary by the veterinarian and accept full financial responsibility upon pick-up.**

Name of individual picking up pet(s), *if other than the owner*: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Your name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO ENSURE THE SAFETY OF YOUR PET, WE CAN ONLY RELEASE PETS TO THE OWNER OR TO THE INDIVIDUAL NAMED ABOVE**