



West Alabama Animal Clinic
 2030 West Alabama
 Houston TX 77098
 713.528.0818
walabamaac@yahoo.com

Boarding Consent Form

All dogs being boarded are required to be current on Bordetella, Distemper and Rabies vaccines and all cats are required to be current on FVRCP and Rabies vaccines.

We strongly suggest you DO NOT leave toys or blankets with your pets. The clinic is well equipped with blankets and toys to accommodate your pet while they board. West Alabama Animal Clinic is not responsible for any items left with your pet that may become lost or damaged.

For the health of your pet and others, any pet arriving with fleas or ticks will be treated at the owner's expense.

Due to the volume of pets coming in and out of the clinic, we suggest your pet receives a bath on their scheduled departure date. However, if declined, West Alabama Animal Clinic reserves the right to bathe your pet, at your expense, at the discretion of the veterinarians. Pets receiving baths may not be released before noon.

No pets will be released on Sundays or holidays. Thank you for your understanding.

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I understand that while boarding, unforeseen conditions may arise. I authorize West Alabama Animal Clinic's veterinarians to use their professional judgment to perform procedures necessary for the well being of my pet. I understand that I assume complete financial responsibility for all services rendered.

Should my pet remain unclaimed after the designated pick-up date, I understand that a written notice will be mailed to the address on file. Texas law states that 12 days after written notice has been mailed, the pet will be considered abandoned and will become property of West Alabama Animal Clinic to be handled as seen fit. It is further understood that if such action occurs, I will be responsible for paying all charges accrued at West Alabama Animal Clinic, including the cost of boarding.

Signature: _____ Date: _____

Pet's Name: _____ Boarding Start Date: _____ Pick-Up Date: _____

Special Diet: _____ Medications: _____

Special Requests _____

Emergency Contact Name/Number: _____ Bath on Departure Date: YES or NO