



Manzanita Animal Hospital
2323 E. Detroit Avenue
Kingman, Arizona 86401
928 - 753 6138

Boarding Authorization Form

1. In order to protect the health of your Pet, this facility requires documentation showing all boarding dogs have current Rabies, DAPP and Bordetella vaccines and cats have current Rabies and PCR vaccines. If any of your pets' vaccinations are past due, they must be inoculated before boarding, vaccines that must be administered by Manzanita Animal Hospital will be added to your bill. Pets that are so young that they have not completed the entire series of vaccinations may not be protected thus, owners accept any risks of infection.
2. If your Pet will be receiving medications during their stay, it must be in the original veterinary labeled container with instructions for administration and veterinarians phone number. Fees for medication that need to be filled or refilled during the time they are boarded will be added to your bill.
3. All reasonable precautions will be used to prevent injury and escape of the pet. Manzanita Animal Hospital is not responsible for the actions of the pet that may cause injury and escape.
4. Office hours are Monday thru Friday 8:00am to 5:00pm, we are closed on weekends. After hours admissions and releases are generally not allowed. If you must have an after-hours admission or discharge, be sure to make arrangements in advance, additional fees will apply. We are not staffed 24 hours a day. We do have staff in on Saturday and Sunday for the care of your pet and other boarders. The kennel is closed on the following holidays, New Years, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas Days.
5. Personal items may be left at your own risk. We are not responsible for loss or damage.
6. This facility cannot guarantee the health of any animal, but pledges to provide care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments (including but not limited to, weight loss or gain, rough coat, kennel cough, upper respiratory infections, diarrhea and fleas).
7. I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past 10 days. I will notify the hospital of any change of plans that prevent me from picking up my pet. I accept that if I fail to pick up my Pet(s) with in the 5 days of notification at the above address, it will be considered abandoned. I authorize Manzanita Animal Hospital to assume full ownership (right to place in a new home or euthanasia) and doing so does not relieve me of my financial obligations.
8. If your Pet is to be picked up by someone other than the owner, arrangements must be made for payment prior to pick up. Please provide contact information if another party will be picking up your pet.
 - Name: _____
 - Phone number: _____
 - Date to be picked up: _____

Owner Name: _____

Signature

Date