



**OVERLAND**

ANIMAL HOSPITAL & PET RESORT

OVERLAND ANIMAL HOSPITAL AND PET RESORT  
2658 W. Florida Avenue, Denver, Colorado 80219  
(303) 922-5500

**BOARDING/ DAYCARE APPLICATION & ENROLLMENT FORM**

**OWNER INFORMATION**

Parent's Name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_ Text message OK: Yes \_\_\_ No \_\_\_

Email address: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

**(1) Pets Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical History, Concerns (heart disease, arthritis, seizures, medications, physical limitations etc) and Helpful Information

**(2) Pets Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical History, Concerns (heart disease, arthritis, seizures, medications, physical limitations etc) and Helpful Information

**(3) Pets Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical History, Concerns (heart disease, arthritis, seizures, medications, physical limitations etc) and Helpful Information

**(4) Pets Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical History, Concerns (heart disease, arthritis, seizures, medications, physical limitations etc) and Helpful Information

**Veterinarian** \_\_\_\_\_ **Location** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*For your pet(s) Emergency Contact, please list someone other than yourself and/or spouse.**

## **TERMS AND CONDITIONS**

In the event of an emergency involving the health of my pet(s), I hereby authorize Overland Animal Hospital and Pet Resort and its staff to hospitalize my pet(s), and to administer medications, tests, or treatments that the veterinarian(s) on staff may deem necessary for the health, safety and well-being of my pet(s) while at boarding/daycare. All expenses so incurred shall be my responsibility and shall be paid in full upon pick up of my pet(s). \_\_\_\_\_ Initial

If Overland cannot contact you OR your emergency contact, you agree and allow us to do whatever is necessary in an emergency situation \_\_\_\_\_ Initial  
If you have a particular amount of money that you do not want us to exceed with necessary medical care, please inform us now. \$ \_\_\_\_\_

If a medical emergency situation arises outside of Overland Animal Hospital & Pet Resort's medical hours, I authorize the staff to take my pet to Veterinary Referral Center of Colorado (VRCC) for veterinary care and I understand that I will be financially responsible for any and all associated costs \_\_\_\_\_ Initial

Except in the event of gross negligence, I agree to waive and release Overland Animal Hospital and Pet Resort and/or its employees from any and all liability of any nature including any injury, death, sickness, property damage or loss that my pet(s) may suffer during or after daycare or being boarded. I also agree to indemnify and hold harmless Overland Animal Hospital and Pet Resort for any and all claims due to any damages my pet(s) may cause to any third parties during or after play-care or boarding. In the event of a death, medical team will be notified and pet will be held until further instruction from owner. \_\_\_\_\_ Initial

I acknowledge that my pet(s) are healthy and current on all applicable vaccinations: For dogs- Rabies, Distemper, Hepatitis (Adenovirus), Parainfluenza, Bordetella, Influenza, negative fecal within last 6 months. For cats- FVRCP and Rabies. If your pet is not a patient of Overland Animal Hospital and Pet Resort, please bring proof of vaccine administration by a veterinary hospital. Overland Animal Hospital and Pet Resort reserves the right to vaccinate any animal without proper vaccination history or without current vaccinations. Owner must disclose any illness or behavioral issues in writing prior to dropping off pet(s). \_\_\_\_\_ Initial

For the health and wellness of the other pets, we may not accept pets with open wounds or sores. No pets with ticks or fleas will be accepted. No pets with recent (within 14 days) illness (i.e. vomiting, diarrhea, coughing, or sneezing) will be accepted for group play. By presenting my pet for participation in the Overland Animal Hospital and Pet Resort daycare/ boarding program, I am verifying that my pet is free of infectious disease and has shown no clinical signs of illness for 14 days prior to admittance into daycare. Sick pets may board on a medical boarding basis. \_\_\_\_\_ Initial

I understand that Overland Animal Hospital & Pet Resort recommends all pets be on proper flea, tick, and lice preventatives. I understand that there is a higher risk for my pet if I choose to not treat them with these preventatives. \_\_\_\_\_ Initial

If I do not pick up my pet(s) within 12 days after receiving written notice from Overland Animal Hospital and Pet Resort, Overland Animal Hospital and Pet Resort may assume that my pet(s) are abandoned and have permission to relinquish pet(s) to Denver Animal Shelter. Abandonment does not release me of my obligations for the bill. \_\_\_\_\_ Initial

I hereby authorize Overland Animal Hospital and Pet Resort, to post and display pictures and or video of my pet on their web site, social media sites or promotion materials. This photograph/video will not be used for any other purpose without my express written/electronic permission. \_\_\_\_\_ Initial

Rawhide bones, rope toys, bowls/dishes are **not** permitted in daycare or boarding. Overland Animal Hospital and Pet Resort will not be responsible for any personal supplies, toys, blankets, etc left with any pet(s). \_\_\_\_\_ Initial

Overnight charges accrue starting the day of drop off regardless of the time your pet(s) arrive(s). Pet(s) need to be picked up by 6:30 pm Mon- Friday, and 3:30 pm on Saturday. After which, a late fee of \$45 and the cost of an addition nights' stay will be charged \_\_\_\_\_ Initial

## **PLEASE READ AND SIGN BELOW**

Also, we would like to remind you that you are responsible for any charges incurred during your pet's stay with us. Payment is due at time of service in the form of check, cash, credit, or Care Credit. If your pet's stay will exceed two weeks, we will need a 50% deposit prior to his/her/their stay. If his/her/their stay will be extended beyond the prior agreed departure (exceeding two weeks), we will need a full payment of his/her/their current boarding and any medical charges upon this extension.

I agree to pay reasonable attorney fees incurred by Overland Animal Hospital and Pet Resort in the collection of any and all fees resulting from the care and maintenance of my dog(s). I further agree that in the case of non-payment, a finance charge of 1.5% per month (18% annually) will be charged.

It is understood and agreed between Owner and Overland Animal Hospital and Pet Resort, that this agreement contemplates that Owner will be in need of Overland Animal Hospital and Pet Resort's boarding/daycare services from time to time in the future, and it is further understood and agreed that the obligations and covenants contained herein shall apply to each provision of services in the future, without the need of entering into another agreement, unless altered in writing and signed by the parties herein.

I have read and fully understand and agree to the above terms. I understand and agree that all fees are due and payable when I pick up my pet(s). This policy and agreement shall apply indefinitely and during the course of each and every visit I or my pet makes to Overland Animal Hospital and Pet Resort.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_