

## Boarding Release Form

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Address: \_\_\_\_\_ Species: \_\_\_\_\_

Telephone: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: \_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Age: \_\_\_\_\_

**CHECK OUT TIME IS 12 NOON. IF YOU PICK UP AFTER 12 NOON THE DAY OF PICK UP YOU WILL BE CHARGED ANOTHER DAY. \_\_\_\_\_ INITIAL**

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

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

Boarding pets must be current on all required vaccinations and free of internal and external parasites, or they will be treated upon admission at owner's expense. If medications are necessary for treatment or handling, I give permission to administer such medications.

**BOARDING RELEASE:** I certify that I am the owner of this pet. I hereby grant permission to this boarding establishment to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

This boarding facility agrees to exercise all due and reasonable care to prevent injury and illness to my pet. However, in the event of illness or injury, the owners and employees of this boarding facility should not be held personally liable for such injury or illness. I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I agree to pay all charges on the day of pick-up of my pet and I understand that my pet may not leave the premises until all charges are paid in full. If full payment is not paid, I agree to pay all costs of collection including attorney fees. Unpaid balances will accrue interest @ 1.5% monthly and 18% per annum. I understand that any animal left for ten days beyond the agreed date of pickup may be sold or disposed of at the discretion of the kennel owner.

### Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need be. If your pet becomes ill, we will call the emergency number regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- Initiate treatment without notice.
- Attempt to contact me. If I'm not available, please initiate treatment without notice.
- Attempt to contact me. Do not initiate treatment unless I authorize

\_\_\_\_\_  
Signature of Pet Owner or Person Responsible

**Emergency Contacts and Phone Numbers:** \_\_\_\_\_

Would you like your pet(s) to have a bath before going home? Yes/No

Own Food Provided? Yes/No                      Feed AM/PM \_\_\_ or Free Choice \_\_\_

Please list all belongings left with your pet(s): \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Tech

Dr.

**HISTORY**

Current Weight:

1. What type of diet does eat?
2. Is on any Flea and Heartworm prevention?
3. What Type?
4. When was the last pill given?
5. Is on any Medications or Supplements?  No  Yes
  - 
  -
6. Do you have any medical concerns about ?  No  Yes
  - 
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