

<date>

## BOARDING ADMISSION FORM

**Owner:** <first-name> <last-name>

**Patient:** <animal>

Has your address or phone number changed? \_\_\_\_\_

**Pick Up Date:** \_\_\_\_\_ **Pick Up Time:** \_\_\_\_\_

We offer a courtesy pick-up time on Sunday from 5:30 – 6 p.m. If you choose to pick-up during this time there **will be a charge for Sunday boarding.**

**Articles left** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

### OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

**3 night minimum stay required for free dismissal bath. Cats do not receive baths unless sedated.**

	YES	NO	
<b>Dismissal Bath</b>	( )	( )	
<b>Playtime</b>	( )	( )	\$6.25 Per Day
<b>Daily Pet Treats</b>	( )	( )	\$1.00
Per Day			
<b>Medication Administration</b>	( )	( )	\$3.50 Per Day
<b>May we share photos of your pet on social media?</b>	( )	( )	

**We will bathe your dog on dismissal at no charge (3 nights minimum stay required for free bath) if he/she is not under too much stress by the bath**

### MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam ( ) Specific Problem: \_\_\_\_\_

Anal Glands Expressed ( ) Nail Trim ( ) Ear Cleaning ( ) Microchip ( )

**For your pet's protection, vaccines must be current in order to board. If your pet is due for vaccines, he/she will be administered the past due vaccines.**

Rabies ( ) Distemper/ Feline Distemper ( ) Bordetella ( ) Canine Influenza ( )  
\$18.00 \$39.00 / \$26.00 \$21.00 \$43.00

**Vaccines will be administered at owner/agent's expense; pet will have a comprehensive physical exam (\$24.50) prior to vaccine administration.**

**Numbers you can be reached at:** \_\_\_\_\_

**Alternate Emergency Name/Relation & Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**→→→ FLIP OVER FOR NEXT PAGE →→→**

# OWNER RELEASE

## Please initial after every paragraph

I understand you cannot guarantee the health of <animal> I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. **I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.**

(\_\_\_\_\_)

If vaccinations were performed elsewhere, I can provide written documentation of the vaccinations administered by a licensed veterinarian within 24 hours of notification. If I do not provide vaccine history my pet will be vaccinated to assure health of all pets within the hospital. (\_\_\_\_\_)

I understand that in the event of <animal>'s illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached. (\_\_\_\_\_)

If any problem is observed or develops **please check one** of the following:

- ( ) Please treat <animal> as required, you need not call me.
- ( ) Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- ( ) Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate <animal> and/or perform such emergency procedures as may be necessary for the health of <animal> until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to <animal>.

I understand that the clinic is not responsible for lost or damaged personal items left with the pet including but not limited to leashes, collars, toys, and bedding. I am aware that any items left with my pet will be identified with a permanent marker and may be washed with bleach. (\_\_\_\_\_)

The clinic is to use all reasonable precaution against injury, escape, or death of <animal>. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with <animal> will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up <patient> within 5 days of the date scheduled for discharge and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

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