

Animal Care Center

Boarding Release Form

Client ID: _____

Patient Name: _____

Client Name: _____

Breed: _____

Arrival Date: _____

Sex: _____

Departure Date: _____

Reasonable Precautions will be used against injury, escape, or death of your pet. The Clinic and Staff will not be held liable for problems that develop provided reasonable care and precautions are followed. Pets must be current on vaccinations. This includes a Bordetella, Rabies, and Distemper(DHPP) vaccine for dogs and Rabies and Distemper (FVRCP) for cats. All pets need to be current on flea prevention. Pets should be vaccinated prior to boarding. If they have not, every effort will be made to vaccinate upon arrival. Some may not have time to develop proper immunity and may be susceptible to disease. Therefore, the owner will be responsible for any charges for examinations, medications, and treatments as a result of contracted disease. While you are welcome to bring items from home for the comfort of your pet, i.e. blankets, pillows, toys, etc. We will make every effort to ensure the safe return of your pet's belongings.

We are NOT responsible for lost or damaged belongings while pets are boarding.

If medications are necessary for treatment of handling, I give my permission to Animals Care Center to administer such medications.
Yes _____ No _____

I authorize Animal Care Center to do whatever is necessary in case of illness or an emergency situation. I authorize up to \$100 _____ \$200 _____ or other _____ in medical care. Yes _____ No _____

Please answer the following questions concerning your pet's present health:

Has your pet shown any recent signs of: Diarrhea _____ Vomiting _____ Sneezing _____ Coughing _____

Have there been any other unusual symptoms or signs that we should be aware of while boarding your pet?

Yes _____ No _____ If yes, please explain below:

Will your pet be undergoing a procedure during their stay? Yes _____ No _____

If yes, will your pet be sedated? Yes _____ No _____ Date of scheduled Procedure: ____/____/____

Go home bath: _____ (Complimentary after 6 nights) Dogs only Nail Trim: _____

Feeding Instructions: _____

Current Medications: _____ Start: ____/____/____

Frequency: _____

Flea Treatment last applied: ____/____/____

In the event we find fleas on your pet, our flea prevention will be applied at cost to you.

Owner/Representative of Owner

Date

Emergency Phone Number