

## Boarding Release

Check-in Date:

Client ID:

Client Name:

Address:

Telephone:

Patient ID:

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

What date will you be picking up your pet? \_\_\_\_/\_\_\_\_/\_\_\_\_.

Would you like your dog bathed? If yes, please pick-up after 4:00 p.m. Monday thru Saturday, or between 3 and 5:00 p.m. on Sunday. There is an additional fee for a bath. YES ☐ NO ☐ (**Bath Scheduled** \_\_\_\_\_)

Is your pet on any medications or supplements? YES ☐ NO ☐ If yes, give names, dosages, and when next due: (Please be aware that there is an additional fee for administration - ask the receptionist if you would like to know the cost)

Name of med \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Next dose due \_\_\_\_\_

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If your pet is anxious while boarding, do you authorize us to administer an oral sedative to help make their stay more comfortable? Please be aware that there is an additional fee for the medication & administration - around \$5-\$10 per day, when needed, and if their annual exam is not current with us, an exam fee will also be incurred. Yes ☐ No ☐

What diet has your pet been eating? \_\_\_\_\_

Did you bring your pet's own food for us to feed? \_\_\_\_\_

How many times a day do you feed your pet? \_\_\_\_\_

When should the next feeding be? \_\_\_\_\_

### **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?

\_\_\_\_\_

Would you like the doctor to examine your pet regarding this issue? **There will be an exam fee incurred.** Yes ☐ No ☐

**I understand that all pets left for boarding must be current on all required vaccinations and flea-free, or they will be treated on admission, and I understand that I will be responsible for the expenses incurred.**

**SCAH provides a towel or blanket for every animal staying at the hospital. I understand if I insist on leaving my personal towel, blanket, toy, bone, etc., that SCAH is not responsible for loss or damage.**

**If medications are necessary for treatment or handling, I give my permission for SCAH to administer such medications and I understand I will be charged in full for this service.**

**I duly authorize SCAH to perform any necessary procedures in case of emergency or illness.**

**ABANDONMENT LAW. According to the statutory abandonment provisions (Sections 1834.5 and 1834.6 of the Civil Code), if an animal is not picked up within 14 days after it was due to be picked up, the animal is considered to be abandoned.**

**I have read the foregoing and agree.**

\_\_\_\_\_  
Signature of Owner/Representative of Owner

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Best contact number