



Care Animal Hospital Boarding Release Form

Patient Name _____

Client Name _____

Check In Date _____ Check Out Date _____

BOARDING POLICIES

1. We require reservations to be made prior to any drop off of an animal boarding with us. Please call at any time during office hours to check our schedule, there is always a possibility of a cancellation. Sorry, we do not keep a waiting list when we are fully booked.
2. Our hours of business to drop off your pet for boarding are as follows: 7:00am to 7:00pm Monday through Friday, Saturday 8:00am to 2:00pm, and Sunday 10:00am to 4:00pm.
3. Bring any medications or special food with you at drop off. Make sure they are labeled correctly. Please specify the type, quantity and times per day they are given. In order to keep from raising boarding charges, Care Animal Care Hospital will be charging a fee for administering medications. Oral medication will be an additional \$3.50 per day, Topical medication, such as ear medication, \$4.50 per day and Injectable medications, such as Insulin, will be an additional \$8.00 per day. Note: Should a pet require more than 1 medication, only the highest charge will apply, not a combined charge. These charges only apply to days when medication is administered. **PLEASE INITIAL** _____
4. You are able to pick up your animal any time during business hours only. If your animal is not picked up by closing time, you will be charged another day of boarding.
5. Because of the large number of patients that visit the hospital each day, we ask that you NOT leave any personal items here. Care Animal Hospital will not be held responsible for any carriers, blankets, etc. left with your pet.
6. In order for your pet to board at Care Animal Hospital, they must be current on all required vaccines. Canines must be current on their bordetella, distemper complex, and rabies vaccines. Felines must be current on their distemper and rabies vaccines. If we cannot verify vaccination status within 12 hours of your pet's arrival, Care Animal Care Hospital will vaccinate your pet at the owner's expense. Also, upon admittance, pets will have a flea/tick inspection. If fleas or ticks are found, treatment will be administered at the owner's expense. **PLEASE INITIAL** _____

Each boarder is provided a Complementary exam by our Veterinary Assistant staff. If any medical problems are observed or develop please let us know how you would like us to treat your pet by **SELECTING ONE** of the following:

- ❖ Please call me if anything is found with my pet before administering any treatment. You can reach me at this phone number _____.
- ❖ Please call me if something serious is found with my pet, but if there is something minor such as diarrhea or an eye infection, please have one of the doctors treat my pet up to \$_____.
- ❖ Please do not call me on my trip. The doctors have my permission to treat whatever they feel is necessary while I am away or up to \$_____ without notifying me first.

Be aware if a Doctor is needed for treatment, you will be charge a \$40 examination fee. **PLEASE INITIAL** _____

Additional Services Available (Extra charges may apply)

Yes No All the dogs boarded are walked twice daily, but extra walks are available at the cost of \$4.00 per 15-minute walk. Please indicate the number of extra walks per day: _____

Yes No Extra pampering is also available. This consists of a 15-minute play session and petting at the cost of \$4.00 per session. Please indicate the number of pampering sessions per day: _____

Yes No Nail Trim

Yes No Microchip your pet (Home Again)

Yes No General Surgical Procedure (Spay, Neuter, Dental, Declaw, etc. You will need to speak to a Veterinary Assistant to discuss the Surgery and Treatment plan)

Yes No Did you bring your pets own food?

When (AM and/or PM) and how much _____ cups does your pet eat? **PLEASE INITIAL** _____

Yes No Is your pet currently on medication?

Please list: _____

When does your pet need to take his/her next dose? _____

Yes No Professional Groom/Bath What would be the earliest time you would pickup? _____

Instructions for Groomer: _____

If you will not be the person who will pick up your pet(s), please indicate who will be:

Person picking up/phone: _____

We strive to provide the best care and compassion for your pets. If at any time we have the need for special or emergency treatment while your pet is boarding with us, we will first attempt to contact you or your designated contact to inform of the situation. We appreciate your cooperation and understanding of our policies to provide a fair and timely service to all. As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available for clearance.

Emergency Contact Name/Phone (if different from above): _____

Please be aware that payment is required at the time of pick-up. Please make arrangements with any designated pick up person.

SIGNATURE: _____

DATE: _____