

BOARDING RELEASE FORM

I understand you CAN NOT guarantee the health of my pet. 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.

I understand that in the event of my pet'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 I can be reached.

If any problem is observed or develops CHOOSE ONE of the following:

- Please treat my pet 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 my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. 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 my pet he/she 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.

Please list any additional treatment(s) you wish for your pet to receive during his/her stay. Please note prices for these treatments are not included in boarding and will be at an additional cost.

Ex: Spay, Neuter, Vaccinations, Toenail Trim, Anal Glands, Bath, etc. _____

Please note any food/diet instructions for pet while boarding, how often normally fed (i.e. AM only, PM only, AM & PM), how much fed per meal, AND when the pet was last fed before drop off: _____

Pet's Name(s): _____

Drop-off Date: _____ Pick-up Date: _____

Owner Contact Number(s)/Email: _____

Alternate Emergency Contact Name/Number(s)/Email: _____

Owner's Signature: _____

(**HOSPITAL USE ** ADMITTED BY: _____)