

BOARDING RELEASE FORM

Ocoee Animal Hospital, 733 S Bluford Ave, Ocoee, FL 34761 | ph: 407-656-6050 | online: ocoeeanimalhospital.net

BOARDING INFORMATION

Client Name _____

Pet Name _____

Primary Emergency Phone Number _____

Secondary Emergency Phone Number _____

Is this pet currently a patient of Ocoee Animal Hospital? Yes _____ No _____

If not, please provide the name and phone number of the vet clinic that has your pet's current vaccine history.

Boarding Entry Date _____

Boarding Exit Date _____

Special Instructions/ Diet/ Medications to be given while boarding _____

Medical Services/ Treatments to be provided while boarding _____

BOARDING AGREEMENT

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of the hospital to treat any illness and/or injury of my pet(s) while they are being boarded at Ocoee Animal Hospital (OAH). OAH is to use all responsible precautions against illness, injury, or escape of my pet(s), while boarding at this facility, but they will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that a written notice will be mailed to my current address. Seven days after this written notice is sent the pet(s) will be considered abandoned and may be managed as the hospital deems fit. It is further understood that such action will not relieve me from paying all costs of the services, including the cost of the boarding service.

OAH promotes a flea and tick free environment. Therefore, if fleas and/or ticks are noted on your pet(s) upon their arrival or while here, an appropriate preventative will be administered. You will be charged accordingly and such charges will be applied to your bill.

My pet has been fully vaccinated within the past 12 months. If I cannot show proof of such vaccinations, then I give permission for the hospital to administer vaccinations and perform a doctor exam as required for the boarding of my pet(s).

OAH is not responsible for clients/pets personal items such as, leashes/collars/toys/bedding, that are left at OAH during their pet's visit.

I have read and understand the authorization and consent.

Signature _____ Date _____

NEW CLIENTS ARE REQUIRED TO PAY FOR BOARDING, AND ANY SERVICES TO BE PERFORMED WHILE BOARDING, AT THE TIME OF DROP OFF.

REQUIRED VACCINATIONS

Canine

- DHPP
- Rabies
- Bordetella

Feline

- FVRCP
- Proof of Feline Leukemia/FIV Test
- Rabies

Owner Signature _____ Date _____

Client/Authorization Agent Signature _____ Date _____