

BOARDING RELEASE - PRINT FORM

Client# _____

Owner's Name _____ Pet's Name: _____

Species _____ Breed _____ Sex _____ Birthdate _____

Boarding Information:

Check in date: _____ Pick up date: _____ Day: _____ Time: _____ am/pm

Do you want Bath _____ or Haircut _____ if yes, please note date: _____

Additional: Kong Toy with treat \$5/day: Yes /No Orthopedic bed \$5/stay: Yes/No Extra walk \$3/day: Yes/No

Have you noticed any of the following within the last 2 weeks? Please circle:

Coughing Sneezing Eye Discharge Nose Discharge Diarrhea Head Shaking None

After check in, your pet's next meal should be (circle one) : Breakfast Lunch Dinner

Own diet? Yes/No If yes, what diet? _____

How often do you feed? _____

Any special feeding requirements? Yes/No If yes, what is it? _____

What flea prevention is your pet currently on? _____

Do you want your pet to receive a flea treatment? Yes/No If yes, what product? _____

Any known medical condition? Yes/No If yes, please list _____

Any medications? Yes/No If yes, please list:

RX #1 _____ Directions _____

RX #2 _____ Directions _____

RX #3 _____ Directions _____

Any personal items being left? Yes/No If yes, please list _____

I understand that my pet will be observed while in boarding. If any abnormalities are observed and/or services or products are recommended for non-emergency pet care, I would like to be reached: Yes/No

If YES, please note the best phone number to reach you at ph# _____ time _____ am/pm

If NO, then then any recommendations will be discussed with you at pick up time.

Please sign ONLY ONE appropriate line below. Are you the owner OR the agent of the pet?

I am the **owner** of this pet and do hereby consent and authorize Pet Hospital to board my pet. I am aware that I am responsible for payment in full at the time that my pet is discharged from boarding. If my pet is staying 7 days or more or I need to extend the amount of days my pet is boarding for, I understand that the amount of boarding days must be pre-paid. I have signed the master boarding agreement and nothing on that form has changed.

Owner: _____ Date: _____

I am the **agent** of this pet and have been given consent to authorize Pet Hospital to board this pet. I am aware that I am responsible for payment in full at the time that this pet is discharged from boarding. If this pet is staying 7 days or more or I need to extend the amount of days this pet is boarding for, I understand that the amount of boarding days must be pre-paid.

Agent: _____ Date: _____

Receptionist Use Only: Check-in By: _____

Grooming scheduled for: _____ Other services requested : _____

Additional services scheduled in Cornerstone