

BOARDING RELEASE AGREEMENT

Client ID:
Client Name: _____
Address: _____

Contact number: _____
Alternate number: _____

Alert: _____

Patient ID:
Pet Name: _____
Species: _____
Breed: _____
Sex: _____
Color: _____
Age: _____ **Date of Birth** _____

Date of check in: _____

Date of check out: _____

If you are not able to pick up <animal> on your scheduled check out date, please contact us immediately to confirm if we have space available to continue the stay. If we do not have available space to extend your reservation your pet will be moved into the hospital ward and will be charged for hospital boarding. Initial _____

Primary Contact Person: _____ **Phone #** _____

Alternate Contact Person: _____ **Phone #** _____

To help prevent the spread of infectious diseases and parasites, hospitalized or boarded animals MUST be current on all vaccines and free of internal as well as external parasites. If your pet is found to have fleas, ticks, or internal parasites, our veterinarians will administer the proper treatment for the parasite noted. This treatment will be at the owner's expense. The cost of this treatment varies according to the medication administered. Initial _____

Does your pet have any medical or behavioral conditions of which we should be aware? _____

Is your pet aggressive with strangers? _____ With other animals? _____

BOARDING FEES: Please note all charges are per calendar day per pet.

Please circle which applies:

Cats: \$ 29.00/day for cage
\$ 38.00/day for Condo

Dogs: Small 0-20 lbs \$ 25.00/day **My pet will be boarding for _____ days. Initial _____**
Medium 21-55 lbs \$ 38.00/day
Large 56-80 lbs \$ 40.00/day
X-Large 81 lbs ++ \$ 55.00/day

*Pets dropped off between 6:00 and before 8:00 pm will not be charged for the day of drop off

VACCINATIONS: My pet is fully vaccinated (proof provided) Yes ____ No ____ Staff verified _____

Canine : DAP \$ 25.00 DAPL \$ 30.00 Bord \$25.00 Rabies \$15.00*

Feline: FVRCP \$ \$20.00 Purevax Rabies \$30.00*

There will be a \$3.00 fee added if any vaccination must be given.

*All Rabies vaccine require an accompanying examination fee of \$45.00

PROCEDURES REQUESTED:

Nail Trim: Canine \$20.00 Feline \$15.00 Anal(Sac) Gland Expression \$25.00
Fecal \$44.00 Heartworm Test \$45.00 Exam \$45.00

BATH/GROOMING:

Dogs or cats requiring or requesting a bath prior to pick up, will be bathed the morning or day before discharge. If your pet will be bathed the day of discharge the staff will contact you when the pet is ready to go home.

Bath and Brush Small Dog \$35.00 Medium Dog \$45.00 Large Dog \$55.00

Would you like your pet to have a bath? Yes _____ No _____ (please initial one)

MEDICATIONS: There will be a \$10.00/day fee added for administering medication.

ALL medications must be labeled and in the original containers. We cannot accept medications otherwise (no exceptions). If you do not provide the original bottles, we will re-script medications available here at an additional charge and possible examination fee.

Name of medication	Instructions	Last Given	Next Dose due

FEEDING INSTRUCTIONS:

Are you providing your pet’s regular diet? Yes or No Please feed * kennel diet _____Initial

*I understand that an immediate change in diet fed to my pet may result in my pet having diarrhea, vomiting, or decreased appetite during their stay.

Feeding amount: _____ cups dry food _____ canned food

How often/When? (Circle one) Once daily AM Once daily PM Twice daily

Additional feeding instructions: _____

*Special food handling may require an additional fee.

Protocol for Boarders with Diarrhea

Sometimes while boarding, pets may develop diarrhea or loose stools. Our protocol, if this occurs, is as follows:

Day one- Diarrhea starts. No treatment (wait to see if it resolves on its own.)

Day two- Diarrhea continues. Staff will add a probiotic to a bland prescription diet (at owner’s expense).

Day three- Diarrhea continues. The doctor will perform an examination \$45.00, and possibly submit a fecal sample to the lab \$44.00, and will then determine the right treatment plan (at the owner’s expense) for your pet during the remainder of their stay here.

Tech Exam Notes : _____

IMPORTANT NOTICES: Please read and initial the following ...

Please leave all personal items (leashes, harnesses, toys, pillows, at home. We have plenty of bedding here for our furry friends.

_____ I understand that if I choose to leave personal items here, I fully understand they may become soiled, damaged, or not returned. I furthermore agree to hold Loving Hands Animal Hospital, Inc. its veterinarians or staff liable for any damages or loss.

Personal Items Left (please limit to 1 blanket 1 toy) _____

_____ I understand that medical and/or surgical treatment may involve anesthesia. I hereby authorize the veterinarians of Loving Hands Animal Hospital, Inc. to select and perform any anesthesia for this treatment that may be deemed necessary. I furthermore understand the risks involved with my pet being administered anesthesia.

_____ In the event that my pet requires medical or surgical treatments, I understand that the change in the level of care and monitoring will require hospitalization fees rather than boarding fees.

_____ I understand that should I not pick up my pet on the day of check out and should I not contact the staff at Loving Hands Animal Hospital, Inc. with payment and a request for a longer stay, and 3 days have passed since the scheduled departure date, my pet will be deemed abandoned. Should my pet be deemed abandoned, I will be charged for boarding for each additional day and at the time 14 days has been reached my pet will be legally declared abandoned and may be turned over to a local rescue or shelter for adoption. I understand I will be financially liable for all charges incurred and any additional fees incurred with placing the animal for adoption. In addition, my account will be referred to a collection fees and collection fees may be added.

_____ I give my permission for LOVING HANDS ANIMAL HOSPITAL, INC, its veterinarians and staff, to perform any medically necessary treatments during my pet's stay at the hospital. I understand that every reasonable effort will be made to contact me before treatment is administered. If contact cannot be made, necessary steps will be taken to treat my pet, and I agree to be financially responsible for the cost of medical treatment, including but not limited to moving my pet to board in the isolation or hospital ward, and/or dispensing medications and/or administering medications or other treatments for my pet during the remainder of their stay.

_____ **I fully understand that all fees are payable as a deposit in advance.**

I agree to and fully understand the above statement. I am over 18 years of age and the legal owner of the above mention pet.

Owner Signature

Date

Owner Printed Name

Date

Staff Name _____

Date _____