## **BOARDING RELEASE FORM**



## Thank you for choosing Country Hills Veterinary Clinic to care for your pet!

\*When your pet is boarded, we ask that you leave an emergency number where a family member or friend can be reached. It is the policy of our hospital that if an animal should become ill, we have permission to treat your pet, unless we are given instruction to the contrary. We feed Science Diet Canine/Feline Maintenance dry to all of our animals. If your pet requires a special diet please let our staff know. Also if for any reason your pet should become ill **after** boarding with us, please call the clinic and inform us of the situation ASAP. We do not accept boarding pets between 12pm-1:30pm during week days. Please bring your pet in for check in before 4:00pm on week days and 10:30pm on Saturdays to give your pet enough time to settle in before we leave for the day.

**REQUIRED INFORMATION:** Please answer the following questions

We require all pets boarding to have had a physical exam at Country Hills Vet Clinic

<u>within one year.</u> Our doctor will pe charge applies).	erform an exam	if one is needed (an additi	onal
Is your pet current on his/her yearly exam?	YES	NO	
*For dogs that are staying with us, we require the and DHLPPC. A heartworm test and fecal check dog is not current at least 7 days before boarding instead of the normal \$23.00/night.	is also required. We are	e also requiring the canine flu shot. It	f your
*For cats that are staying with us, we require the Feline Distemper. Also felines are required to have		C	nia &
Is your pet current on vaccinations / treatm	ents? YES	NO	
We require all pets to be free of fleas will treat them immediately with Cap	·	· · ·	t we
Is your pet on flea preventative? YES NO	If YES, please list: _		
All pets currently on medication m	ust continue taki	ing medication while board	<u>ling</u> .
There is an additional charge for adm	ninistering medica	tions.	
Is your pet on any medications? YES NO	If YES, please list me	edications below:	
Medication	_ Dosing instructions		
Medication	_ Dosing instructions		
When was the last administration of these medicati	ions?		

	<sup>'</sup> )		
Would you like your pet to receive a bath before going home? (\$25-\$45)	YES	NO	
I would like my pet examined by a veterinarian before pick up:	YES	NO	
I would like a dental cleaning performed before pick up: (request estimate)	YES	NO	
I would like to microchip my pet: \$56.99	YES	NO	
I would like my pet to receive a toenail trim: \$17.98	YES	NO	
I would like my pet to receive an ear cleaning: \$33.00/21.10	YES	NO	
I would like my pets' anal glands expressed: \$20.50	YES	NO	
My dog is in need of the flu shot: \$24.20/H3N8 and \$24.00/H3N2	YES	NO	
I would like to have my pet receive another service before pick up:	YES	NO	
**We will provide raised beds on which your pet can lay, however, if damage occur \$50.00 replacement fee.**	rs to the	e bed, tl	nere will be ε
Country Hills Vet Clinic is not responsible for lost or damaged items. Do not bring valuable or irreplaceable. Do write your last name and pet's name on any items. Please food, or other items left with your pet:		•	
*Pets are to be picked up before 12:00pm on scheduled pick up day. An \$18.00 day picked up later than 12:00pm.	board	fee will	be applied in
			••
picked up later than 12:00pm.  *Pet pick up on holidays will be allowed at the Veterinarian's discretion. For pets that			••
*Pet pick up on holidays will be allowed at the Veterinarian's discretion. For pets that there will be an additional \$23.00 boarding fee added to your bill.			••
*Pet pick up on holidays will be allowed at the Veterinarian's discretion. For pets that there will be an additional \$23.00 boarding fee added to your bill.  Will you be picking up after 12:00 pm on the return date?			••

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Emergency Contact:

Pet Name(s): \_\_\_\_\_\_ Return Date: \_\_\_\_\_

Checked in by: \_\_\_\_\_