

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-1pm during week days. Please bring your pet in for check in before 5:30pm on week days and 11:30pm 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 within one year. One of our doctors will perform an exam if it is needed (there is an additional charge for this).

Is your pet current on his/her yearly exam? YES NO

***For dogs** that are staying with us, we require them to be current on ALL vaccinations including Bordetella, Rabies, and DHLPPC. A heartworm test and fecal check is also required. We are also requiring the canine flu shot. If your dog is not current at least 7 days before boarding, you will be charged an isolation boarding charge of \$28.50/night instead of the normal \$23.00/night.

***For cats** that are staying with us, we require them to be current on all vaccinations including Feline Leukemia & Feline Distemper. Also felines are required to have a Feline Leukemia and Feline AIDS Test and fecal check.

Is your pet current on vaccinations / treatments? YES NO

We require all pets to be free of fleas. If we notice fleas and/or flea dirt on your pet we will treat them immediately with Capstar at owner's expense

Is your pet on flea preventative? YES NO If YES, please list: _____

All pets currently on medication must continue taking medication while boarding. There is an additional charge for administering medications.

Is your pet on any medications? YES NO If YES, please list medications below:

Medication_____ Dosing instructions_____ Anything additional_____
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When was the last administration of these medications? _____

SERVICES FOR YOUR CONVENIENCE (Additional charges apply)

Would you like your pet to receive a bath before going home?	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:	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
I would like to have my pet receive another service before pick up:	YES	NO
My dog is in need of the flu shot: \$24.00	YES	NO

****We will provide raised beds on which your pet can lay, however, if damage occurs to the bed, there will be a \$50.00 replacement fee.****

Country Hills Vet Clinic is not responsible for lost or damaged items. Do not bring items with your pet that are valuable or irreplaceable. Do write your last name and pet's name on any items. Please list any toys, leashes, collars, 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 board fee will be applied if picked up later than 12:00pm.

*For pets that are picked up on a holiday or Sunday 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? _____

Will you be picking up on a holiday or Sunday? _____ (Sunday pick up is at 5:00pm only)

Comments or anything additional that we need to know?

I understand the above information and I release the care of my pet to Country Hills Veterinary Clinic.

Signature: _____ Today's Date: _____

Pet Name(s): _____ Return Date: _____

Emergency Contact: _____ Checked in by: _____