



BOARDING DROP OFF FORM

Owner's Name _____ Phone: _____
Pet's Name _____ Drop-off Date _____ Pick-Up Date _____

*Pick up is no later than 11 AM, Monday through Saturday. No pick up on Sundays. An additional \$20 for dogs will be applied for late pick up on Monday- Friday if picked up after 11am. Last pick up at 5:30 PM. Pets not picked up by closing on Saturday stay until Monday: Please initial: _____

*All dogs must be current with these vaccinations: DHPP (distemper/parvo), Bordetella, Rabies, and a current fecal

*All cats must current on the following vaccinations: FVRCP and Rabies

Has the pet been checked for intestinal parasites in the last 12 months? _____

Any vomiting, coughing, sneezing or diarrhea? If yes, explain: _____

Is your pet allergic to any drugs? Name(s)? _____

Has your pet had any illness or injury in the past 30 days? _____

Would you like your DOG to receive a bath prior to going home? There is an additional fee for the bath.(We do not bathe cats)

I consent for my pet's photo to be used in marketing materials or social media posts (Facebook.) _____ Please Initial

Current Diet: _____ or Kennel Diet Feed (circle): 1x/day, 2x/day Amount: _____ Last fed: AM PM

Special Feeding Instructions: _____

Belongings left with pet: _____

Medication name, dosage, and instructions. There is a medication administration charge of \$5/day per pet.

When was the medication last given? _____ Medication 1: _____ 1x/day, 2x/day

Medication 2: _____ 1x/day, 2x/day

Special medication instructions: _____

**If we discover evidence of fleas on your pet a safe, effective flea treatment will be administered. There is a fee for this service.*

Owner Release: I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas.

I understand ALL pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense. If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premises.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my urgent can be reached.

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding. The clinic is to use all reasonable precautions against injury, Escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the dates scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to handle the pet as you deem best and/or necessary.

Owner Signature _____ Date: _____

Alternate Person For Pick Up (Must present ID) _____ Phone: _____

Person To Be Reached In An Emergency _____ Phone: _____