

Boarding Release Form

Client ID: _____ Patient ID: _____
Client Name: _____ Name: _____
Address: _____ Species: _____
Breed: _____
Sex: _____
Telephone: _____ Color: _____
Emergency Contact Markings: _____
Birth Date: _____

Admission Date: _____ Discharge Date: _____

OUR HOSPITAL RECOMMENDS A HEALTH EXAM WHILE BOARDING. ACCEPT DECLINE
APPALACHIAN ANIMAL CLINIC IS NOT RESPONSIBLE FOR ANY PRE-EXISTING ILLNESS OR INJURY YOUR PET MAY HAVE PRIOR TO ADMISSION FOR BOARDING.

Additional Services requested while boarding: (Fecal, Junior or Senior Wellness Profiles, N/T, ear cleaning etc..)

Would you like your pet(s) bathed while boarding (additional charges may apply) yes no

Are any medicines necessary while boarding? yes no

Give names of any medications and dosage to be given:

SPECIAL DIET: yes no

If yes, directions _____

(a change in your pets diet along with stress may cause intestinal upset)

REQUIREMENTS FOR BOARDING

- All animals must be current on all vaccinations. (Dogs- DHPP/DHLPP, Bordetella, Rabies Cats- FVRCP, Rabies)**
 - All boarding clients must provide written proof of vaccination at check in. If unable to provide proof then pets will be vaccinated according to the guidelines above at owner's expense.
 - All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
 - Appalachian Animal Clinic has my permission to do whatever is necessary should an emergency arise.
 - If a tranquilizer is necessary for treatment or handling, Appalachian Animal Clinic has my permission to administer such medication. (This will be done at the owner's expense)
 - Pets may be picked up between 8:00am and 5:30pm Monday thru Friday, between 8:00am and 12:00pm on Saturday. No exceptions.
 - Payment is required when your pet is released to you or designated agent.
 - Appalachian Animal Clinic is not responsible for items left with your pet such as : (blankets, towels, toys, etc...)
 - We cannot give your pet rawhides, pigs ears, hooves, or any treats of this type while boarding.

Should an emergency arise Appalachian Animal Clinic will make an attempt to contact me/or my designated agent listed at the number above. If contact can't be made immediately Appalachian Animal Clinic has my permission to perform whatever test or treatments necessary to provide care for my pet at my expense.

I have read the boarding requirements and understand the hospital's policies.

Signature of Owner or Agent Date Primary Number: _____ Secondary Number: _____

Emergency Contact: _____ Primary Number: _____