

Release Form

BOARDING POLICIES

For the protection and comfort of your pets, we have found it necessary to implement the following policies for all boarding animals.

1. Pets will be checked for external parasites upon admission. If fleas or ticks are present or if the pet is very dirty, they will be bathed and dipped at the owner's expense.
2. All pets must be free of internal parasites (i.e. hookworms roundworms, etc.). If your pet tests positive for parasites they will be treated for them.
3. Dogs must be current on their Rabies, Distemper, Parvo, and Canine Cough vaccinations. Cats must be current on Rabies and Feline Distemper vaccinations. These vaccinations will be given to all boarding animals if they have not had them in the last year.
4. If your pet develops an illness while boarding he/she will be treated as needed while here and charged for accordingly.
5. Please remove any collars or leashes when leaving the pet. You are welcome to leave bedding or toys, however we can not be responsible for any lost or misplaced items.

If any of the above services are required upon admission, they will be performed and charged for accordingly. All pets are kept inside in an air conditioned/heated kennel. Runs are available for large dogs, and cats are kept in a room separate from the main kennel. Hill's Science Maintenance, Growth, or R/D diets are fed. If your pet requires a special diet, the food is available for purchase or owner can bring food. Cages and runs are cleaned twice daily while your pet is exercising. Dogs will be bathed on day of discharge at a charge of \$11.90 if they have boarded 3 nights or longer. If your pet requires medication to be given, there is a daily fee of \$1.25 for giving the medication.

Boarding Dates: _____

PROFESSIONAL SERVICES:

In addition to the above, I hereby authorize performance of the following services:

The nature of such services have been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or care.

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of discharge.

Owner: _____ Pet's Name: _____

DATE: _____ EMERGENCY TELEPHONE: _____

IS ANYONE OTHER THAN OWNER ALLOWED TO PICK UP PET? YES __ NO ____

IF YES, WHO? _____

IS YOUR PET ON A SPECIAL DIET? _____ IF SO PLEASE SPECIFY _____

OWNER/AGENT SIGNED: _____