



Boarding Release Form

Boarding Location Avon Veterinary Clinic Decatur Veterinary Clinic

Owner: _____ Address: _____

Patient: _____ Description: _____

Date of drop-off: _____ **Date of pick up:** _____ (Bathed pets must be picked up after 3pm)

Emergency number and contact person? _____

If my pet becomes ill or an emergency arises, I authorize Animal Care Group to treat my pet as medically necessary for the health and comfort of my pet. Yes No If yes, I understand that every attempt will be made to contact me; however, services will not be withheld if I am unreachable. I will be financially responsible for all services rendered. _____ (INITIAL)

Boarding Requirements: All pets staying within the clinic must be free of external and internal parasites. Any pets found to have parasites will immediately be treated at additional expense to the owner.

For the safety of your pet and our staff, current vaccinations (rabies, dh(l)pp, bordetella for dogs/ rabies, frcp for cats and a annual fecal exam for dogs and cats are needed to board. If my pet is not current or current records are unavailable, I understand that these vaccines or tests will be performed today, at an additional expense to me. _____ (INITIAL)

Rabies Dh(l)pp Frcp Bordetella Fecal exam

Examination: (provide detail of problem if any) _____

Start treatment if needed? Yes No

Diet Information	Name of food	How much?	How often?
Supplied by <input type="checkbox"/> Owner <input type="checkbox"/> Clinic			
Supplied by <input type="checkbox"/> Owner <input type="checkbox"/> Clinic			

Medication Information

Name of medication	Dose and frequency	Last given	Supplied by	Need us to refill?
			<input type="checkbox"/> Owner <input type="checkbox"/> Clinic	
			<input type="checkbox"/> Owner <input type="checkbox"/> Clinic	
			<input type="checkbox"/> Owner <input type="checkbox"/> Clinic	

* The cost of any medication supplied by clinic will be added to your bill.

Please indicate below any additional services needed so we can more completely care for your pet. A charge for each additional service will be added to the basic boarding charge.

- Bath and nail trim Nail Trim Anal Gland Expression Ear Cleaning
- Heartworm test other: _____

* Diarrhea is a common occurrence with boarding animals. We would like your authorization to medicate if diarrhea occurs.

- _____ (INITIAL) I give Animal Care Group permission to medicate my pet if needed.
- _____ (INITIAL) I prefer to be contacted before medication is given.

Please list below all belongings left with your pet. We provided bedding and food dishes for all pets so they are comfortable during their stay. Please note we are not responsible for lost or stolen items.

Pick up times are between 8:30am and noon. If picking up after noon, an additional day of boarding will be added. Please try and have your pet picked up by 5pm Monday and Tuesday, 4:30pm Wednesday thru Friday, and 11:30am Saturday. For the safety of our kennel staff there will be no pick-ups on Sunday.

I hereby agree to be financially responsible for all costs associated with the boarding and care of my pet. Responsible care and precautions will be used against injury, escape, or death of this pet. I hereby release the Animal Care Group and staff from all liabilities with my pet and/or any animal that I may leave in their care. I understand that any problem that develops with my pet will be treated as deemed best by the staff and veterinarians.

I am aware that the clinic and its adjoining kennel are not staffed twenty-four hours a day.

Signature

Date