

BOARDING RELEASE FORM

Client ID: _____



Client Name:

Pet Name:

Address:

Species:

Phone #:

Breed:

Sex:

Color:

For Office Use Only:

FVRCP Due: _____ Rabies Due: _____ Bordetella Due: _____ Feluk Due: _____ DHLPP Due: _____

Any Other Services: _____

Would you like your pet groomed while they are here?

Yes, Services:

No

***Extreme Weather Policy:** Sangaree Animal Hospital is not an approved hurricane shelter. In the event of catastrophic weather conditions, your pet may be safer with you or a designated agent. Therefore, we request that the emergency contact number you provide is for someone locally who can pick up your pet(s) in the event of a weather emergency. If we are unable to reach you or your designated agent, you authorize the Hospital to take any measures necessary to protect your pet(s), should an emergency arise.

Local Emergency Contact:

Phone #:

Contact Number for You During Boarding Period:

If you are boarding more than the pet listed above, please fill out the following form for other pet(s). Use the back of this form if needed for additional pets.

Pet Name:

Breed:

Color:

Age:

Sex:

Date pet is to be picked up:

Fleas Present?

Yes

No

BOARDING POLICIES

I understand that ALL pets boarding at the Hospital 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/will provide written documentation of all current required vaccinations administered by a licensed veterinarian. I have read and do understand. **Initial Here:**

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 myself or my agent can be reached. I have read and do understand. **Initial Here:**

Should any MEDICAL 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 for necessary services rendered to my pet. I have read and do understand. **Initial Here:**

The Hospital is to use all reasonable precaution against injury, escape, or death of my pet. The Hospital and staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. I have read and do understand. **Initial Here:**

I will call if my "pick-up-date" changes so the Hospital can plan accordingly. If I neglect to pick up my pet within 5 days of the date 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 make arrangements for the pet that you deem best/necessary. I have read and do understand. **Initial Here:**

Give the names of any medications and the dosage given:

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

Signature:

Date: