

College Road Animal Hospital/ Carolina Beach Animal Hospital

Boarding Release Form

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

The following procedures are scheduled to be performed on your pet while boarding:

Give names of any medications and the dosage to be given and special feeding instructions:

Client verification that medications, procedures and instructions are listed correctly. _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all required vaccinations and tests or these will be updated at owner expense.
2. I understand vaccinations provide the most sufficient protection from disease when administered a minimum of 7 days prior to boarding and after vaccination series have been completed. If vaccination is required at time of boarding, I understand that he/she may not be fully protected from disease and do not hold College Road Animal Hospital/ Carolina Beach Animal Hospital responsible should my pet become ill.
3. All animals must be free of internal and external parasites (ex. ticks, fleas, hookworms etc.), or they will be treated at owner's expense. All pets will be examined for fleas upon entering boarding facility and will be treated appropriately.
4. CRAH/CBAH has my permission to do whatever is necessary should an emergency or medical condition arise.
5. If a tranquilizer is necessary for treatment or handling, CRAH/CBAH has my permission to administer such medication.
6. We cannot be held responsible for lost or damaged belongings left with your pet. Blankets and toys can be easily soiled and are not always washable in our machines.
7. Pets may be picked up between 9 am and 5:30pm Monday through Friday, 9am and 4pm on Saturday and between 10am and 4pm on Sunday (at the College Road Location only).
8. A daily fee will be charged for medication, vitamin, and supplement administration.

I have read the boarding requirements and understand the hospital's policies. This boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of injury or illness, the owners and employees of CRAH/CBAH shall not be held personally liable for such injury or illness. I agree to pay all charges on the day of pick-up of my pet and understand that my pet may not leave the premises until all charges are paid in full. I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I understand that any animal left for 10 days beyond the scheduled pickup date may be sold or disposed of at the discretion of the hospital owners.

Signed : _____