

Scanned

Hospital Use Only	
WT: _____	In MCR <input type="checkbox"/>
Temp: _____	
Flea Comb: <input type="checkbox"/> None <input type="checkbox"/> Fleas <input type="checkbox"/> Ticks	

BOARDING RELEASE

Owner: _____ **Address:** _____
Patient: _____ **Description:** (breed, color, sex, age) _____

Hartwood Animal Hospital is pleased to provide for your pet's boarding needs. Boarding charges are based on a per day basis regardless of drop-off or pick-up time. There is a minimum boarding charge of two days for overnight stays. _____ (INITIAL)

Date of drop-off: _____ **Date of pick-up:** _____ Time of pick-up: Before 12 Noon After 12 Noon (If you would like your pet bathed, you must pick-up after 4 pm to allow your pet time to dry.)

Emergency number and contact person? _____

If my pet becomes ill or an emergency arises, I authorize Hartwood Animal Hospital to treat my pet as medically necessary for the health and comfort of my pet. YES NO. If yes, I understand 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.

Boarding Requirements: All pets staying within Hartwood Animal Hospital must be free of external and internal parasites. Any pets found to have parasites will be immediately treated with an anti-parasitic medication at additional expense to the owner.

Flea / Tick Preventative: _____ Purchased at a hosp elsewhere Last applied _____ Capstar needed

Heartworm Preventative: _____ Given every month spring/summer never

Any pet not on a monthly heartworm preventative must have a heartworm test within 30 days prior to boarding.

For the safety of your pet and our staff, **current vaccinations** (rabies, distemper, bordetella for dogs/ rabies and distemper for cats), heartworm tests for dogs and a **biannual 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)

- Distemper Rabies Bordatella Heartworm Test Annual Blood & Urinalysis Profile Fecal Exam Wellness Exam
 Examination for: (provide detail of problem) _____
 Start treatment if needed? Yes No

Boarders with special needs (diabetics, epileptics, cardiac pets, and pets w/kidney issues) that require extra medical supervision will be charged as a Supervised Boarder. _____ (INITIAL)

Diet Information	Name of Food	How Much?	How often?
Supplied by <input type="checkbox"/> Owner <input type="checkbox"/> Hosp			
Supplied by <input type="checkbox"/> Owner <input type="checkbox"/> Hosp			

**The cost of any prescription diets supplied by the hospital will be added to your bill.*

Medication Info-A daily charge for medication administration will be added to the boarding charge.

Medication Name	Dose	Frequency	Last given	Supplied by?	Need a refill?
				<input type="checkbox"/> Owner <input type="checkbox"/> Hosp	
				<input type="checkbox"/> Owner <input type="checkbox"/> Hosp	
				<input type="checkbox"/> Owner <input type="checkbox"/> Hosp	
				<input type="checkbox"/> Owner <input type="checkbox"/> Hosp	

**The cost of any medications supplied by the hospital will be added to your bill.*

All leashes and collars should be removed. We provide bedding and food dishes for all pets so they are comfortable during their stay. **Please note that we are not responsible for personal items that are lost or damaged while boarding.**

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. Please indicate if you have scheduled any services with our groomer while boarding. **A GROOMING RELEASE MUST BE SIGNED FOR ANY SERVICE TO BE PERFORMED BY OUR GROOMER.**

- Flea & Tick Preventative Heartworm Preventative Nail Trim Dremmel Anal Sac Expression Ear Cleaning

Hartwood Animal Hospital reserves the right to bathe any pet if deemed necessary due to urinary and/or fecal accidents to maintain the pet's health, at additional cost to the owner.

I have read the above conditions, understand and agree to them. If I neglect to pick up my pet within three (3) days of the date I said I would, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as you deem appropriate. I understand this does not release me from any incurred charges.

Signature _____ Date _____ Staff _____