

Boarding Release Form

VACCINATION POLICY

To ensure the protection of all pets under our care, the following must be up to date:

Dogs: *Rabies *DHLPPC *Bordetella *Fecal Exam

Cats: *Rabies *FVRCP *Fecal Exam

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy.

In addition, if any fleas/ticks or internal parasites are observed with your pet(s) while boarding, he/she (they) will receive the appropriate treatment/medication at your expense.

PUPPY/KITTEN POLICY

It is understood that the East Side Animal Hospital is not responsible for any illness that could occur while my pet is boarding since my pet has not been fully protected (immunized) against the common puppy or kitten disease.

MEDICATION ADMINSTRATING POLICY

Our staff will gladly administer any of your pet's own heartworm or flea/tick preventative as a complimentary service. If your pet should require any additional medications, there will be a daily fee assessed.

COMFORT & PLAYTIME PACKAGE

In order to make your pet's stay with us seem more like home we offer comfort mats (\$1.05 per day) and playtimes (\$7.45 each). If you would like your pets to receive these additional services, please initial the following:

____ Comfort mats daily

____ Playtimes - 15 min sessions

_____ once daily

_____ twice daily

_____ three times daily

____ Bath

MEDICAL ILLNESS POLICY

One of the advantages, of boarding your pet(s) at a veterinary hospital, is a veterinarian is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed below regarding your pet's symptoms, treatment options, and estimates of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to (check one and indicate amount) ___\$100 ___\$200
_____ \$_____ in medical care for my pet(s) until someone can be reached.

_____ Do not administer any medical treatment to my pet until specific authorization is given.

Because the staff of the East Side Animal Hospital believes in treating each pet in our care as if it were our own, they use all reasonable precautions against illness, injury, or escape. However, they will not be liable or responsible in any manner whatsoever, on account of care, treatment, or safekeeping of the owner's pet and it is understood that the owner assumes all risk.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the hospital of a new pick-up date and time.

Date _____ Owner/Agent for Pet(s) _____
Emergency Contact Name (if different from above): _____
Emergency Contact Phone Number (if different from above): _____