

# Boarding Release Form for Animal Hospital of Boone

\_\_\_\_\_ is boarding their pet, \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I understand that if any medications or aid is needed by my pet during its stay here that the doctor on duty will do their best to contact me. If I cannot be contacted, then I give permission to the doctor on duty to use their best judgment to care for my pet as needed. **I also understand that if my pet is on medications and needs those while boarding; I will be charged an additional \$3 fee per night.**

I also understand that if my pet has any fleas or intestinal parasites, it will be given medication to remove said parasites while boarding here. I will be charged accordingly.

I understand that space is limited, and other animals may have been scheduled for boarding in the same cage after my pet leaves. If for any reason I cannot make it back by the date above to pick up my pet, then I will call to make arrangements for my pet. **If I DO NOT call then I will be charged an extra day and a half for every day that I am late to pick up my pet.**

Medications my pet is currently taking and dosage:

\_\_\_\_\_  
\_\_\_\_\_

Allergies to medication or food:

\_\_\_\_\_  
Approximate time of pick up: \_\_\_\_\_

**Primary Contact Number:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

After 5 NIGHTS of boarding, we offer a \$15.00 discounted bath. Would you like your pet to be bathed? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_