



Boarding Release

<i>Client Name</i>	<i>Pet Name</i>	<i>Date</i>
<client>	<animal>	<date>

Please complete the following section to remain on file for future visits.

BASIC COMFORTS :

- **Dietary Instructions-** Please feed : Once daily (am or pm) Twice Daily Free Feed

Amount to be fed at each feeding: _____

- Feed Hill's Science Diet I will provide my pet's food

- If my pet is not eating well while away from home, it is ok to **entice** them with flavor additives.

- Warm Water Low Sodium Chicken Broth Peanut Butter

- ITAH's **Beds/towels** are Ok to leave with my pet for comfort YES NO

(note that some pets may chew and ingest pieces which may be a danger to their health)

Please complete the following section if you may ever add extra comforts for your pet:

Please list any medical conditions or health concerns our team needs to be aware of while your pet is staying with us:

Please read & initial each of the following statements acknowledging acceptance of our boarding requirements:

_____ All PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION BY A DOCTOR OF ITAH and their core vaccinations must be up to date (DHPP, Bordetella, Rabies for dogs; FVRCP, Rabies for Cats). **In addition, due to common walking and play areas, dogs must also be current on an intestinal parasite exam.** If your pet is past due, he/she will be examined and given necessary vaccinations upon admission and current charges will apply.

_____ Pets must be free of external parasites. Pets found to have evidence of parasites will be treated at owner's expense.

_____ Personal belongings may be left with pets but should be limited to one blanket and one toy per pet.

_____ Check in time for boarding guests is after 3pm. Check out time is by 1pm. This allows our team time to properly sanitize after other boarding guests check out. Early drop off & extended pick up are available at a half day rate. (Extended pick up fee waived for pets receiving bath on discharge day)

LEGAL:

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, and becomes the property of Indian Trail Animal Hospital and handled according to our best judgment.

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Indian Trail Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize Indian Trail Animal Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure



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my pet's safety and well-being while in Indian Trail Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my cat may need to have another procedure at a future date at my expense.

Authorized Signature: _____ **Date:** _____