

Boarding Release

Hospital Use Only

Wt: _____ Previous Patient: Y N

Comb: Flea Ticks Lice None

Owner: _____

Contact Number: _____

Countryside Animal Clinic, Inc. is pleased to provide for your pet's boarding needs. Boarding charges are \$14/day for dogs and \$12/day for cats. There is a minimum charge of \$14 or \$12 if your pet is only staying for a single or partial day. If your pet boards Saturday to Sunday only, you will be charged for 2 days due to limited availability.

Date & Time of Dropoff: _____ Date & Time of Pick-Up: _____

Emergency number and contact person: _____

We require proof of vaccination for Distemper/Parvo, Rabies, and Bordatella (Kennel Cough) for dogs and Distemper, Feline Leukemia, and Rabies for cats. If your animal has had its most recent vaccinations here, we have that information on file, otherwise we will need proof at the time of drop-off or we will need to administer the required vaccinations in order to make sure they are up to date. All pets are required to be free of external parasites (fleas, ticks, lice, etc.). All pets will be checked for these parasites on admittance and if necessary an anti-parasitic medication will be given immediately. Additional expenses will be added to your bill.

Pet Name: _____ Food: Please provide the following information

Name of Food: _____ How much? _____ How often? _____

** If you animal is on a special diet and it runs out, we will provide that food and the charges will be added to your bill. If you do not bring your own food for your pet, there will be an additional charge of \$1/day added to your boarding fee.*

List Medications:	Name of Medication	Dose & Frequency	Last Time Given

** If your animal is on a medication that is continuous and you need a refill while the animal is here, we will refill the medication and the charges will be added to your bill.*

Circle additional services: Nail Trim \$9.75 Anal Sac Expression \$10 Ear Cleaning- TBD Bath- TBD

In case of illness, injury, or an emergency, I, the undersigned do hereby give my consent for Countryside Animal Clinic, Inc.'s doctors and staff to treat my pet as medically necessary for the health and comfort of my pet. 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.

Countryside Animal Clinic will use all reasonable precautions against illness, injury, or escape of my pet, but will not be held liable in the case of injury, escape, or death of my pet as it is understood that I assume all risks.

If I neglect to pick up my pet within three (3) days of the date I said I would (and do not contact the clinic), a written notice will be mailed to the address provided at check in. Seven days after such written notice, the pet will be assumed abandoned and Countryside Animal Clinic is hereby authorized to place/ euthanize the pet as deemed appropriate. I understand this does not release me from any incurred charges.

I have read and agree

Signature _____ Date _____ Staff Initials _____

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