

**Boarding Release**

Hospital Use Only  
Wt:\_\_\_\_ Previous Patient: Y N  
Comb: Flea Ticks Lice None

**Owner:** \_\_\_\_\_ **Patient:** \_\_\_\_\_

Countryside Animal Clinic, Inc. is pleased to provide for your pet’s boarding needs. Boarding charges are \$12 per day with partial days being calculated at \$0.50 per hour. (There is a minimum charge of \$12 if your dog is only staying for a single partial day, and a minimum charge of \$24 if your dog is dropped off Saturday and picked up Sunday evening when arranged).

**Date and time of Drop-off:** \_\_\_\_\_ **Date and time of Pick-up:** \_\_\_\_\_ (expected)

**Emergency number and contact person:** \_\_\_\_\_

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

**Food:** Please provide the following information

Name of Food: \_\_\_\_\_ How much given? \_\_\_\_\_ How often? \_\_\_\_\_

If you have brought treats: How many do we give and how often? \_\_\_\_\_

*\*If your animal is on a special food and it runs out while your animal is here we will provide that food and the charges will be added to your bill.*

List Medications:	Name of Medication	Dose and 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 the bill.*

**Additional services I would like for my pet:** Bath Nail Trim Anal Sac Expression Ear cleaning  
*(circle if desired). Additional fees apply.*

In case of illness or 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.

You are to use all reasonable precautions against illness, injury , or escape of my pet, but you 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 you shall assume that the pet is abandoned and you are hereby authorized to place/euthanize the pet as you deem appropriate. I understand this does not release me from any incurred charges.

I have read and agree.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_