

SOUTHERN HILLS ANIMAL HOSPITAL

Animal Boarding Release Form

No reservation/confirmation? That's okay! Please contact the Reception Team at 318.686.5945 OR via EMAIL recep1@sohillsvet.com with your request. Many thanks – we look forward to giving your baby lots of love while you are away!

Please complete the following information and EMAIL to recep1@sohillsvet.com, FAX to 318.686.2011, or BRING WITH YOU at time of boarding check-in (AFTER DATES HAVE BEEN CONFIRMED).

Pet's Name: _____ **Your Name:** _____

Agreement

I understand that all reasonable precautions will be used to avoid any possible injury, escape, or death of this pet. It is agreed that the practice and/or staff cannot be held liable for any problem(s) that may develop, provided reasonable care and precautions are followed. I understand that ANY problem that is stated at time of drop-off, or any problem that may develop during the pet's stay, will be treated as deemed best by the staff veterinarians. There will be a Boarding Exam Fee applied if your pet is treated by a veterinarian during his/her stay). I further understand that I ASSUME ALL RESPONSIBILITY for any associated expenses.

Occasionally, there are times when your pet could develop diarrhea and/or vomiting due to nervousness from boarding, and being away from home. In some cases your pet may arrive with ear or skin conditions as well. We ask that you authorize treatment prior to leaving so there is no need to bother you while you are away. Please note – that if something more serious arises, we will contact you.

I authorize Southern Hills Animal Hospital to charge up to amount described above during stated boarding dates:

Up to: \$100 \$150 \$200 \$250 Any up to: _____

It is our policy that all boarded pets must be current on those vaccines in order to be boarded at our hospital; I understand, and agree that if, at any time, my pet's records indicate Rabies or Coughard vaccine(s) are due or past due, they will be brought current with that medication/treatment. IF YOUR PET IS NOT CURRENTLY ON A FLEA PREVENTATIVE, ONE WILL BE GIVEN. The fee(s) for these items will be charged at time of check-out.

If you neglect to pick up your pet within 5 calendar days of the agreed on check-out date, and FAIL TO NOTIFY OR CONTACT US within said timeframe, it will be presumed that your pet has been abandoned. We are hereby authorized to place him/her as the hospital deems best. It is understood that doing so DOES NOT relieve you from paying ALL COSTS incurred. (_____, Initial HERE)

Please indicate the following, CURRENT vaccinations, medications, health concerns & special dietary needs below:

Heartworm Prevention (Current? Yes No); Medication Name (if known): _____

Flea/Tick Prevention (Current? Yes No); Medication Name (if known): _____

Other current medications (please bring in ORIGINAL BOTTLE): _____

Current Diet (please bring at time of drop-off): _____

Health / Behavioral Concerns, Notes: _____

I understand & agree to all terms contained within this document.

Signature: _____ Date _____

Primary Contact #: _____ Email: _____

Emergency Contact Name & #: _____