



BOARDING RELEASE MEDICAL FORM

Date: _____

Client/Owner: First Name _____ Last Name _____

Names of Current Pet(s): _____

Note: This one-time boarding release form applies to all current and future owned pets boarding at our facilities even if not listed above, so long as the pet(s) is/are owned by the signer.

At Parkland Veterinary Hospital, there is nothing that is more important to us than the health and well-being of the pets in our care. In order to provide a healthy environment for our boarding pets, free of viral diseases and fleas, we require the following:

REQUIREMENTS FOR BOARDING

1. A pre-boarding examination and a behavioral temperament test are required for first time boarders at our hospital.
2. All pets must be current on all vaccinations including:
 - a. **DOGS : Canine-Rabies, DA2PP, Bordatella** (within 6 months to prevent kennel cough), and a **negative fecal test (within 6 months)**.
 - b. **CATS: Feline-Rabies, FVRCP**, and a **negative fecal test (within 6 months)**.
 - c. All vaccinations must be given by a licensed veterinarian and no less than 10 days prior to boarding.
3. All animals must be free of **internal and external parasites** (ex. ticks, fleas, etc.), or **they will be treated at owner's expense.**

RULES AND POLICIES FOR BOARDING

1. A pre-boarding exams and a behavioral temperament test are required for first time boarders at our hospital.
2. Pets may only be discharged Monday through Saturday. **No discharges on Sundays or holidays.**
3. **Overnight Boarding:** Drop-off time is anytime during regular office hours. Pick up time is between 8am-12pm M-F or 8:30am-12pm Saturdays. ****Pickups after 12PM (Noon) will incur an additional night of boarding charges****
4. **Doggie Day Care:** Drop-off time is between 8am-11am. Pick up time is no later than 6pm M-F. ****If you are unable to pick up your pet as scheduled then an overnight boarding fee will be incurred for each night of stay ****
5. Pets requiring special attention during their stay (ex., diabetics, surgery, illness recovery pets, and pets on SQ fluids and paralyzed pets) will be charged a med/care fee, in addition to a boarding fee.



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- 6. Pets receiving medications will be charged a daily fee if the medication is dropped-off by the owner. Medication dispensed by the hospital will be charged hospital medication fees.
- 7. All patients are provided bedding. The hospital does not accept responsibility for personal belongings.
- 8. Owner may be liable for any excessive property damage or injury to persons by their pet(s).
- 9. All pets not picked up within 7 days from the expected discharge date will be considered abandoned.
- 10. If any internal/external parasites are found on the pet during their stay they will be treated and charged appropriately.
- 11. In the event you pet becomes ill during his/her stay, your pet will receive diagnostics and therapeutics deemed appropriate by the veterinarian caring for your pet, and charged appropriately. Every effort will be made to contact you prior to and during treatment.
- 12. An additional daily fee is charged per pet for each major holiday (New Years Eve, New Years Day, July 4th, Memorial Day, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day)***

UNEXPECTED ILLNESS/ EMERGENCY TREATMENT AUTHORIZATION

All animals boarding or staying at the hospital MUST receive treatment in the case of illness or emergency. Treatment for illness is to prevent further deterioration in health while treatment for emergency is to help stabilize the patient.

If my **pet becomes ill or an emergency arises**, I authorize the following maximum treatment expense only as needed at the doctor’s discretion and I trust that the doctor will make the appropriate medical and ethical decision:

This amount is per pet. Please initial one:

MINIMUM	OR	OR
<u>DEFAULT</u> Under \$\$\$	_____ \$\$\$ - \$\$\$	_____ \$\$\$ or more

****Every attempt will be made to contact you or any emergency contact that you specify before treatment.**

However, if we are unable to reach you (speak to you in person or only receive a voice recording), the health and well-being of your pet must be our first priority and treatment will be instituted at the doctor's discretion. **In severe cases, emergency patients may require ongoing care at a 24-hour or overnight emergency facility****

I have read the boarding requirements and understand the hospitals' policies. I accept full financial responsibility for treatment of my pet should the need arise.

Your Phone#: _____ Emergency Contact Person/Phone#: _____

CLIENT SIGNATURE: _____