

**MINNIEVILLE ANIMAL HOSPITAL  
Boarding Release Form**

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of check in: \_\_\_\_\_ Date of check out: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

To help prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccines and free of internal as well as external parasites.

**ALL PETS WILL BE ADMINISTERED CAPSTAR AT THE CHARGE OF \$ 6.00 UPON ARRIVAL TO PREVENT ANY FLEA INFESTATION OF PETS AND KENNEL.**

**VACCINATIONS:**

Canine: Required ---- Bordatella, Rabies, Dhlpp, Canine Influenza, & Fecal Check (within the last 6 months)

Feline: Required ---- Fvrep, Rabies, & Fecal Check (within the last 6 months)

My pet is fully vaccinated and I have a vaccination record..... Yes \_\_\_\_\_ No \_\_\_\_\_

Has your Dog had any coughing in the last week? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your Dog / Cat have any diagnosed issues or problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please note: \_\_\_\_\_

**PROCEDURES REQUESTED:**

Nail Trim \$22--\$40 \_\_\_\_\_ Ear Cleaning \$42 \_\_\_\_\_ Anal Glands \$42 \_\_\_\_\_ 4dx Test W/fec \_\_\_\_\_ \$94.00

**BOARDING FEES:** All charges are per **calendar day** per pet.

My pet will be boarding for \_\_\_\_\_ days Initial \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Pet's need to be picked up by 4:00 pm on the day you request to avoid another day's boarding charge.**

**Groom:** I wish to have my pet groomed on the day of pick-up. initial \_\_\_\_\_

See attached form for Grooming Instructions

Bath ..... \$ 18.00 Yes \_\_\_\_\_ Decline Bath \_\_\_\_\_

**Pets will be bathed the morning of discharge.**

**Please notify us in advance if your date of pick up changes from your original reservation.**

**\*\* see other side**

Special Diet/Feeding Instructions: \_\_\_\_\_

HAS OWN FOOD \_\_\_\_\_

**MEDICATIONS:** \$6.00 charge per day for administering medications.

**\*Hospital Policy: All medications must be labeled and in the original containers.\* we cannot accept medications otherwise (no exceptions). If you did not provide the original bottles, we will re-script medications available here at an additional charge.**

<u>Name of Medication</u>	<u>Dosage</u>	<u>Last Given</u>	<u>Next dose due</u>

**Protocol for Boarders with Diarrhea**

Sometimes while boarding, pets may develop diarrhea or loose stools. Our protocol, if this occurs, is as follows:

Day one- Diarrhea starts. No treatment (wait to see if it resolves on its own.)

Day two- Diarrhea continues. Kennel supervisor will add Fortiflora to a bland diet and will notify you, the owner.

Day three- Diarrhea continues. The doctor will perform an examination, possibly test a fecal and will then determine the right treatment plan for your pet during the rest of his/her stay here.

**IMPORTANT NOTICES:**

**\*Please leave all personal items at home. We have plenty of bedding and toys here for our visitors.**

**If I choose to leave personal items here, I fully understand they may not be returned.**

**PLEASE LIST ITEMS LEFT WITH PET:**

\*I give permission for Minnieville Animal Hospital to perform any medically necessary treatments during my pet's stay at the hospital. I understand that every reasonable effort will be made to contact me. If contact cannot be made, necessary steps will be taken to treat my pet, and I agree to be financially responsible for the cost of medical treatment. I understand that medical and/or surgical treatment may involve anesthesia. I hereby authorize the veterinarians of Minnieville Animal Hospital to select and perform any anesthesia for this treatment that may be deemed necessary. I understand that there could be risks involved with anesthesia.

\*In the event that my pet requires medical or surgical treatments, I understand that the change in the level of care and monitoring will require hospitalization fees rather than boarding fees.

**I agree to and fully understand the above statements.**

\_\_\_\_\_  
Owner/Authorized Agent

\_\_\_\_\_  
Employee Initials