

**Canine Boarding Release**

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) - \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Color: \_\_\_\_\_

Emergency Number:  
Check In Date:

Check Out Date:

For the protection of your pet(s) and the other pets boarding, we board only **HEALTHY** pets. **Vaccination Requirements:** All dogs must have current Rabies and Distemper Vaccinations, and must have received a Bordetella Vaccination within the last 6 months. Bordetella must be administered at least 2 weeks prior to boarding appointment. Dogs must be a current patient and have had an exam by our veterinarian(s) in the past 12 months.

**Fleas/Ticks:** All pets must be free of external parasites upon admission. Any pet with fleas or ticks will be bathed and treated before being admitted. Additional charges will be incurred.

**Special Diets/Belongings:** We will feed your pet PVD EN. Should your pet require a diet other than this, please provide the proper food. Washable belongings will be cleaned and returned to you at the time your pet is discharged. We do not accept or assume responsibility for any belongings that cannot be washed or dried.

**Discharge:** Boarding charges begin the day your pet is admitted. Check out time is Monday through Friday 11:00AM - 5:30 PM and Saturday from 9:00 AM- noon. Sunday pick up time is available from 5:00 PM - 5:30 PM for an additional fee. If check-in or discharge occurs at any time other than the above stated times, an emergency fee will be charged. No pet will be discharged without payment in full.

**Medication Administration:** If any medications are to be administered there will be an additional fee incurred depending on the number of administrations per day.

**Authorization of Release:**

Should my pet become ill and/or require medical attention, by my signature below, I authorize the staff of All Pets Medical & Laser Surgical Center to administer whatever emergency surgical/medical care deemed necessary and I accept responsibility for any additional expenses incurred. If I neglect to pick up my pet within 5 days of the above pick up date, we will assume this pet is abandoned.

**All Pets Medical & Laser Surgical Center cannot be held responsible for exposure to Canine Influenza Virus (Dog Flu) as there is no vaccine available at this time. Our goal is to provide the highest quality veterinary care to our patients and excellent service to our clients. To achieve this goal, our dog boarding facility is available ONLY to our current canine patients. In doing this, we are protecting our patients by providing an exclusive dog boarding facility for the pets of our valued clients and helping to ensure their health and well being.**

**By signing below, I state that my dog has not shown any respiratory symptoms such as coughing, nasal discharge, lethargy, fever or decreased appetite for the last seven (7) days. If these symptoms occur during my dog's stay, I understand that I will incur a decontamination fee and my dog will be moved immediately to the isolation area for the rest of the boarding stay. I am aware that I am responsible for these additional fees.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Additional Services (An estimate of services will be provided at your request)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Nail Trim                 | <input type="checkbox"/> Bath/Frontline Plus           | <input type="checkbox"/> Fecals                             |
| <input type="checkbox"/> Brush Out                 | <input type="checkbox"/> Select Care Treats (1 lb bag) | <input type="checkbox"/> Rabies                             |
| <input type="checkbox"/> Heartworm/Ehrl/Lymes Test | <input type="checkbox"/> Distemper                     | <input type="checkbox"/> Playtime - Extra Exercise ____/day |
|  | <input type="checkbox"/> Bordetella                    | <input type="checkbox"/> Exam                               |