

BOARDING RELEASE FORM

COMMUNITY ANIMAL HOSPITAL

PET NAME:	
Boarding Dates:	
*Own Food?	Yes or No If Yes, please specify type:_____
FEEDING INSTRUCTIONS:	
MEDICATIONS & DIRECTIONS:	
Belongings (please describe):	

*You may bring your own special food or opt to use our in-house Science Diet Adult Maintenance Food.

Boarding Rates

				# of Nights	Total
Canine <19 lbs	\$15.00/night	With medications	\$20.00/night		
Canine 20 - 59 lbs	\$17.00/night	With medications	\$22.00/night		
Canine > 60 lbs	\$19.00/night	With medications	\$24.00/night		
Feline	\$13.00/night	With medications	\$18.00/night		
Small mammal	\$13.00/night	With medications	\$18.00/night		

Vaccinations needed prior to boarding:

ESTIMATED COSTS

Wellness Exam for all vaccines \$35	Required with every vaccine	
Rabies \$16	Current Gave Proof Update	
Bordatella (Kennel Cough) \$20	Current Gave Proof Update	
DA2PP (Distemper/Parvo) 1 Year \$20 3 Year \$47	Current Gave Proof Update	
FVRCP 1 Year \$21 3 Year \$47	Current Gave Proof Update	
FELV \$26	Current Gave Proof Update	
4DX Heartworm/Tick-borne Disease Test \$42	Yes or No	
FELV/FIV Test \$42	Yes or No	

Services while pet is boarding (Circle Yes or No):

Nail Trim \$13	Yes or No	
Bath \$21-34	Yes or No	
Daily extra walk for dogs. \$5 per day per pet	Yes or No	
Microchip implantation \$42	Yes or No	
Weekend drop-off or pick up (5pm to 5:30pm Sat or Sun, \$10 per pet per day)	Yes or No	
Fecal testing \$25	Yes or No	
Other services (i.e. dental, bloodwork)		

Additional Services: \$

Total Estimate: \$

Vaccination Requirements

CURRENT VACCINATIONS ARE REQUIRED FOR ALL ANIMALS boarding at Community Animal Hospital. All vaccinations must be administered by a licensed veterinarian. Written verification of vaccinations (certificate or receipts) MUST be shown if the vaccinations were received elsewhere. If your pet is due for vaccinations, or no proof is provided, your pet WILL be vaccinated & there will be a charge for each vaccine administered and a wellness exam.

Canine Vaccines: Your DOG must be current of Distemper-Parvo, Rabies, and Bordetella (kennel cough)

Feline Vaccines: Your CAT must be current of FVRCP and Rabies. Feline Leukemia (FELV) not required.

Vaccinations Lapsed

If your pet is to be vaccinated upon arrival, or has received vaccines recently (within the last two weeks for Rabies or Distemper/Parvo or feline Distemper and within the last 72 hours for Bordetella), there is some risk that your pet may develop illness if exposed to pathogens before proper immunity has developed. Community Animal Hospital takes every precaution to prevent exposure to and limit the spread of disease. However, particularly with Bordetella (Kennel Cough), there is always a chance that your pet may be exposed. If this occurs, the doctor on staff will examine and treat your pet as necessary.

I understand that it takes up to two weeks for my pet to reach immunity from vaccination, and during that time my pet is at increased risk of developing disease if exposed. I understand that despite all precautions, there is always a chance that my pet could develop illness. If this happens, I will be financially responsible for any treatment necessary.

Consent to Board

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the hospital will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available for clearance. I have read and agree to the Boarding Policies of Community Animal Hospital. I have labeled all toys, belongings, medications, foods, treats etc. brought with the pet so that the clinic can use these accordingly and return any unused/remaining items. CAH is not responsible for belongings that are destroyed during boarding. You may leave your pet's favorite toy or blanket with him during boarding; however, please be aware that he or she may destroy it during his/her stay. I certify that I am the owner/agent for the pet(s) above and assume all financial responsibility. I have read and agree to the above terms and conditions of boarding my pet.

CLIENT SIGNATURE: _____ DATE: _____

Admitting Staff Member (initial): _____

Emergency Contact Name (if different from above): _____

Emergency Contact Phone Number(s) (if different from above): _____