

NASH COUNTY ANIMAL HOSPITAL

Boarding Release Form

Arrival Date: Departure Date:

A. Vaccines:

In order to board, all vaccinations (Rabies for cats) must have been administered within the last 12 months. If your pet does not receive its vaccines at this facility, you must show documentation that verifies current vaccinations. *If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection.* **Vaccines administered at this facility will be accompanied by a physical exam and be added to your bill.**

B. Diet:

We recommend and feed Purina. If your pet is on a special diet or has special feeding needs, please specify. (If *Prescription* or *any other special diet (other than ours)* are fed, the fee is \$ 2.00 per day):

C. Medications:

We will administer any required medications to your pet for an additional \$ 3.50 per day. Please bring appropriate medications and provide instructions as follows: **(PLEASE BE SPECIFIC!!)**

If medications need to be filled or refilled, they will be added to your bill.

D. Other services needed:

Please note any other services your pet needs while boarding (examination for a problem, dentistry, lab work, nail trim, etc). Regular fees apply.

E. Statement of Kennel Policy:

1. The number of boarding days charged is based on the number of nights spent here.
2. Pets must be picked up between 10:00 am and 6:00 pm. If a special time for pick-up is needed, please make the arrangements ahead of time with the staff. Discharges after hours are not allowed. Please call ahead if your pet was bathed to make sure that he/she is ready to go home.
3. Personal items may be left only at your own risk. **We are not responsible for loss or damage.**

4. Nash County Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold Nash County Animal Hospital harmless for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, or fleas.
5. Should the pet identified on this record become ill, I hereby request that the veterinarians at Nash County Animal Hospital provide all reasonable medical/surgical treatment deemed necessary, **not to exceed \$ _____**. I acknowledge that in the event of my pet's illness, the staff at Nash County Animal Hospital may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and costs with the attending veterinarian.

F. Fee Schedule:

Cats: \$15.50 /day.

Bathing: We will bathe pets upon owner's request. Pets which arrive with fleas or ticks will be treated appropriately at owner's expense (Generally \$12.00 - \$20.00)

YES I want my pet to get a bath the day of departure **(pick up: AM / PM)**

NO I do not want my pet to get a bath.

I agree to make complete payment to Nash County Animal Hospital at the time of discharge.

I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days.

I understand that if I fail to pick up my pet within ten days of notification by Nash County Animal Hospital, my pet will be considered to be "abandoned", and will be handled in accordance with North Carolina State Law, and that doing so does not relieve me of my financial obligations.

I HAVE READ THE ABOVE AND I AM IN FULL AGREEMENT,

Signature of Owner or Agent

Date

Emergency contact: Name _____

Telephone: _____