

Wilson Veterinary Hospital

Boarding Release Form

Client Name:

Pet Name:

Arrival Date:

Departure Date:

A. Vaccines:

In order to board, all vaccinations (DHLPP, Bordetella and Rabies for dogs and DRC and 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 added to your bill.**

B. Diet:

We recommend and feed Royal Canin and Science Diet. 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 \$ 3.00 per day):

C. Medication:

We will administer any required medications to your pet for an additional fee. 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 groomed or 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. **Wilson Veterinary Hospital** cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold **Wilson Veterinary 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 Wilson Veterinary 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 **Wilson Veterinary 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:

Dogs: \$22.50 /night.

Cats: \$22.50 /night.

**Additional daily charges: Special diet: \$3.00 Oral medications: \$3.00 Topical medications: \$8.50
Insulin injections: \$6.50 Medical/Special care: \$11.50**

Bathing: **We will not bathe any pets routinely unless requested by the owner.** For pets boarding at least two (2) nights, we offer a "Boarding Bath" at a fee of \$13.00. Regular fees apply for all others. Otherwise, baths are given at the discretion of the staff. Please inform the staff if picking up **BEFORE 9 AM. Pets with fleas or ticks on entry will be treated at the owner's expense.**

YES I want my pet to get a bath **(pick up time: before noon after noon)**
 NO I do not want my pet to get a bath.

I agree to make complete payment to Wilson Veterinary 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 Wilson Veterinary 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: _____