



## BOARDING RELEASE

Owner(s) Name(s): \_\_\_\_\_

Account #: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Date Arriving: \_\_\_\_\_

Date Departing: \_\_\_\_\_

Name(s) of pet(s)	Dog	Cat	Breed & Coat Color	Last Flea Treatment

Additional services available:

Exam \$65     Bath\* \$27-\$45     Nail Trim \$22     Flea Treatment \$28-\$29.40

\*If you would like your pet(s) bathed the day of pick up, you need to pick up after 10am; otherwise they will be bathed the night before.

**REQUIRED VACCINES & Treatments** *Unless otherwise directed by a PAH veterinarian*

**Dogs:** Rabies, DHPP, Bordetella, Influenza (Recommended) , Fecal Test (every 6 months)

**Cats:** Rabies, FVRCP, FeLV

I **understand** that there may be times when no personnel are on the premises. I **understand** that in the unlikely event of a medical emergency, the staff of Park Animal Hospital will make every attempt to contact the owner. Our staff will initiate necessary medical care until we are able to contact the owner. We reserve the right to excuse any dog from daycare at any time for any negative behavior. Daycare dogs will be supervised at all times. However, any time groups of dogs play off leash together there is a chance for injury. Park Animal Hospital and its staff are not financially responsible for medical care charges as a result of a daycare injury. By signing below you are authorizing necessary treatment and agree to pay all fees incurred while your pet(s) are being cared for at Park Animal Hospital at the time of release.

Client Signature: \_\_\_\_\_

Emergency contact(s): \_\_\_\_\_

Emergency phone(s): \_\_\_\_\_

Authorized person(s) to pick up my pet(s): \_\_\_\_\_

Authorized person(s) to visit my pet(s): \_\_\_\_\_

**Initial in box to receive text message updates about your pet's stay.**

**Initial in box to allow your pets' images to appear on social media.**