

# Appalachian Animal Clinic Boarding Release Form

Client ID: {ID}  
Client Name: {FULLNAME}  
Address: {ADDRESS1}  
{ADDRESS2}  
Telephone: {PHONENUMBER}

Patient ID: {PATIENTID}  
Name: {NAME}  
Species: {SPECIES}  
Breed: {BREED}  
Sex: {SEX}  
Color: {COLOR}

Boarding From: \_\_\_\_\_ To: \_\_\_\_\_

Feeding instructions (Please make clear): \_\_\_\_\_ My Food  Clinic Food

### Medications

Please list all medications and instructions including when your pet needs their meds (medications are to be clearly marked and in original containers):

Additional services to be completed during stay:  Nail Trim  
 Express Anal Glands  
 Ear Cleaning  
 Bath(includes nail trim, anal glands, and ear cleaning)  
 Medical Exam \_\_\_\_\_

Baths are given on the morning the pet goes home therefore pick up time should begin around Noon.

Information about your pet's behavior:  Eats toys or bedding,  Fearful of storms/fireworks,  Dog/cat aggressive,  Other \_\_\_\_\_

### REQUIREMENTS FOR BOARDING Please Read and Initial the Following Policies:

In the event my pet becomes ill, I authorize the attending veterinarian to administer treatment as is considered therapeutically and/or diagnostically necessary. I, also consent to the administration of such anesthetics, as are necessary and surgical procedure of an emergency nature. I understand that the Doctors or Staff will make every effort to contact me prior to any treatment or medication over a cost of \$100.00 and/or surgical care of major medical emergency. \_\_\_\_\_

\_\_\_\_\_ I agree to pay in full for all services rendered at the time of discharge.

\_\_\_\_\_ All animals must be CURRENT on all vaccinations. All boarding clients must provide written proof of vaccinations at check-in. If unable to provide proof then pet(s) will be vaccinated according to the guidelines at owner's expense.

\_\_\_\_\_ AAC is not responsible for ANY pre-existing illness or injuries your pet may have prior to admission.

\_\_\_\_\_ Flea/tick prevention for your pet must be documented with AAC. If none is noted, it will be given at owners expense.

\_\_\_\_\_ For the health and safety of all pets in our hospital, we require that your pet have a **negative fecal within the past 6 months**. If no fecal has been performed within the 6 month period, one will be performed and dewormer administered (if result positive) during time of visit at owners expense.

\_\_\_\_\_ If a medical problem is discovered during my pets stay, I understand that care will be provided. I agree to pay for all necessary treatment including sedation if needed.

\_\_\_\_\_ **No pick up or drop off after hours, on Sundays, or Holidays.**

\_\_\_\_\_ Monday - Friday drop off hours are 7:30 am to 5:45 pm and pick up hours are 7:30 am to 5:45 pm.

\_\_\_\_\_ Saturday drop off hours are 8:00 am to 12:15 pm and pick up is 8:00 am to 12:15 pm.

**We are pleased to have your pet staying with us! If an emergency should arise while your pet is staying at Appalachian Animal Clinic, we should have your emergency contact number: \_\_\_\_\_ or an alternate responsible party who has the power to authorize treatment in your absence. Alternate contact number IF unable to be reached: \_\_\_\_\_**  
**If AAC is unable to contact you or your authorized representative, then we will treat your pet with the care that is deemed necessary at that time. You will be financially responsible for such care.**

**I have read and understand the policies of AAC for boarding my pet. I understand that these policies are in place for the safety and well being of all pets.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_