

Animal Clinic at Lake of the Pines is primarily a medical and surgical facility. We do board animals as space permits. We are very concerned for these animals and do our best to make sure they have proper care. This release is intended to make sure that you understand your responsibilities and our obligations when you leave your animals with us.

BOARDING RELEASE FORM

OWNER'S NAME: _____ DATE: ____ / ____ / ____
ADDRESS: _____

PHONE: (____) _____ PHONE: (____) _____

ANIMAL'S NAME: _____

DATE OF BIRTH: _____

BREED: _____ SEX: _____ COLOR: _____

I understand that this release form covers any animals that I leave in the care of Animal Clinic at Lake of the Pines (ACLOP) and will remain in effect until written notice of cancellation is given to and acknowledged by ACLOP. I also certify that I am the owner of and/or will be responsible for animal(s) left at ACLOP.

I will provide ACLOP with written proof of current vaccinations prior to, or at the time my pet is admitted for boarding. Dogs are required to be currently vaccinated against Rabies, DHPP (Distemper, Hepatitis, Parainfluenza & Parvovirus), and Bordatella. Cats are required to be currently vaccinated against FVRCP (Feline Viral Rhinotracheitis, Calicivirus & Panleukopenia) and Rabies.

I hereby authorize the staff of ACLOP to perform any diagnostic tests or surgical procedures and administer medications including, but not limited to, tranquilizers and anesthetics that are considered necessary by any of the veterinarians at ACLOP.

I hereby authorize the staff of ACLOP to treat my pet for fleas, should any be found on my pet. If fleas are found, your pet will receive an application of Capstar, Frontline Plus or Nexguard. The owner will be responsible for fees incurred.

We make every effort to keep your pet clean and comfortable. Dogs are walked 3 times daily Monday through Saturday, and twice on Sunday. We will bathe your pet if your pet soils itself and the owner will be charged a 50% discounted bath.

If my pet should become ill, be injured, escape, or die while being boarded, I will not hold the staff or owner of ACLOP responsible and/or liable.

I am aware that Animal Clinic at Lake of the Pines is only staffed by veterinarians and licensed technicians during regular daytime office hours. Kennel attendants feed and care for the animals on Saturday evenings, Sundays and holidays. I must leave an address and telephone number of a responsible person to transport my pet to a 24 hour medical/surgical facility if medical or surgical care is needed for my pet when a staff veterinarian is not available. If no such prior arrangements have been made, or if this person cannot be contacted, I agree that my pet will only receive medical and surgical care during scheduled office hours. I also agree to pay for all medical and/or surgical care and any boarding charges at ACLOP and any veterinary facility to which my animal(s) have been referred.

If I do not pick up my animal(s) within fourteen (14) days of written notice that they are ready for release mailed to the above address, it will be assumed that the animal(s) are abandoned. I understand that this/these animal(s) are now property of ACLOP and shall be disposed of as seen fit. Abandonment does not release me from the responsibility of paying the bill for services that may have been rendered in the course of the care of the animal(s).

I further agree that in case of nonpayment, a financial charge of 1.5% per month (18% per annum) will be charged and that any and all collection fees and attorney fees incurred shall be paid by me.

OWNER'S SIGNATURE: _____ DATE: _____

OWNER'S EMERGENCY PHONE # (____) _____ (____) _____

RESPONSIBLE CONTACT PERSON: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

DROP OFF: AM / PM ____ / ____ / ____ **PICK UP:** AM / PM ____ / ____ / ____

MEDICATION INFORMATION:

MED: _____ DOSAGE: _____ () TIMES PER DAY

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FOOD / DIET DETAILS: _____ () TIMES PER DAY

DID OWNER PROVIDE FOOD? _____

ANY FOOD ALLERGIES ? _____

DO WE HAVE PERMISSION TO ADD CANNED FOOD OR CHANGE DIET IF NOT EATING OR

DIARRHEA DEVELOPES? _____

ANY HISTORY OF SEIZURES? _____

ANY MEDICAL HISTORY WE SHOULD BE AWARE OF? _____

FLEA/TICK CONTROL _____ LAST APPLIED _____

ADDITIONAL INFO: _____
