

BOARDING RELEASE FORM

DATE: _____

Client Name: _____

Pet Name: _____

CHOOSE CANINE BOARDING PACKAGE: Efficiency Deluxe Luxury

Add-ons for Efficiency (additional cost)? Playtimes _____ Snuggles _____ FrostyPaw/Kong _____ Luxury Bed _____

For Playtimes, can your pet play with other dogs? Yes No With Sibling Only

Do you want your pet to have a bath the day you pick up? Yes No

(Additional charge for Efficiency Boarding, Included in Deluxe/Luxury)

***Please pick up after 3pm if requesting a bath

FEEDING:

Did you bring food from home? Yes No

How many times a day do you feed your pet? 1 2 3

How much food do you feed per feeding? _____ cups (dry food) _____ pack/can (wet food)

Do you mix dry & wet food? Yes No

Did your pet already eat this morning? Yes No

MEDICATIONS: Please list medications to be given below

1. _____ How much _____ How many times daily? 1 2 3

2. _____ How much _____ How many times daily? 1 2 3

3. _____ How much _____ How many times daily? 1 2 3

4. _____ How much _____ How many times daily? 1 2 3

Did your pet have their medications this morning? Yes No

PLEASE LIST ITEMS YOU BROUGHT FROM HOME:

Leash Color _____ Harness Color _____

Bed Color _____ Blanket Color _____

Carrier Color _____ Toy(s) Desc. _____

IS YOUR PET ON FLEA/TICK PREVENTION? (Required for boarding) Yes No

Name of prevention: _____ Date Given: _____

Is there anything you want our Animal Care Staff to know about your pet? Please list below.

May we post any videos/pictures of your pet(s) to social media that we may wish to take during their stay? Yes No

REQUIREMENTS FOR BOARDING

1. All animals **must** be current on core vaccinations. (Dogs - DHPP, Bordetella, and Rabies. Cats - FVRCP and Rabies).

Any vaccinations that are needed will be completed on the first day of boarding.

2. West Pine Animal Hospital and Pet Resort has my permission to do whatever is necessary should an emergency arise.

3. If a tranquilizer is necessary for treatment or handling, West Pine Animal Hospital and Pet Resort has my permission to administer such medication.

4. **In order to protect your pet, as well as all other pets in our facility, all pets must be current (treatment within last 30 days) on an approved form of flea prevention. If your pet is not current, a dose will be applied/given to your pet at your expense.**

PLAYTIME RELEASE

If you have elected for your pet to participate in playtimes, please read the following items:

Your pet's health:

You acknowledge and agree that in the unlikely event your pet becomes ill or injured, or if your pet has a pre-existing condition that is aggravated by the excitement of the stay with us that require professional attention, we will attempt to notify you at the telephone numbers you have provided us. If you are unable to be reached, we will attempt a conservative level of treatment at additional expense.

You acknowledge and agree that you release West Pine Animal Hospital and Pet Resort and its agents from liability due to any injuries or illnesses that occur in the normal events of boarding and playtimes.

Interaction with other pets:

If you have requested, your pet will interact with other pets during its stay at our facility. Your pets will be closely monitored during these interactions but the unlikely event may occur that your pet could injure another pet or person. You acknowledge and agree that you will be solely responsible for any injury caused by your pet to another pet, person, as well as your pet and you release and discharge West Pine Animal Hospital and Pet Resort and its agents from any liability for such injury.

Enclosure:

The fence enclosure for our playtimes is a 5 foot chain link fenced that has been professionally installed and checked for areas of weakness. Our primary concern is for the safety of your pet and your pet will never be left unattended in this area. Even while being monitored, an agile pet may be able to scale the fence. You acknowledge and understand that if you are concerned that your pet may scale our 5 foot fence even while being monitored closely that we advise against playtimes at our facilities. You acknowledge that you have been advised of the risks associated with playtime at our facility and release West Pine Animal Hospital and Pet Resort and its agents of any liability for such event.

I HAVE READ THE ENTIRE BOARDING RELEASE. I HAVE HAD THE OPPORTUNITY TO DISCUSS IT TO MY SATISFACTION, AND I AGREE TO ITS TERMS.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____

PHONE NUMBER(S): _____