



BOARDING RELEASE FORM

We are very pleased that you have entrusted us with the care of your pet(s) while you are away. The following information will help to ensure everything is in order for his/her stay.

If you did not already set up an appointment time for pick up please see a Receptionist.

Check in and out times are as follows:
Monday - Friday: 8:30 A.M. - 11:30 A.M. and 1:30 P.M. 4:30 P.M.
Saturday: 9:30 A.M. - 11:30 A.M.
Sunday: Closed

REQUIREMENTS FOR BOARDING: YAH Initials: _____

Cats: Rabies, FVRCP
Dogs: Rabies, Distemper, Bordetella, Influenza, Negative Fecal (within the last 6 months)

SERVICES WHILE HERE: All pets will be given a dose of Capstar at check in at no charge to prevent flea infestation. Any animal found to have ticks will be treated at my expense.

Owner Initials: _____

FEEDING:

AMOUNT TO BE FED (ex: 1 cup twice daily):

HOW OFTEN TO BE FED:

Kennel Food

Own Food:

Did your pet eat before arrival?

YES NO

- Once Daily AM PM
- Twice Daily
- Free Feed
- Other:

Owner Initials: _____

BELONGINGS: Clean bedding will be provided for all pets. We understand the desire to leave personal bedding with your pet, but due to cleanliness issues, we will use our own bedding. We will provide food and water dishes and leashes during you pets stay. **YOUNG'S ANIMAL HOSPITAL IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS (i.e. leashes, carriers, blankets, toys etc.) LEFT WITH PETS.**

Does your pet have a history of chewing up blankets / towels? Yes No

Personal Belongings:

Owner Initials: _____

MEDICATION:

All medications must be in the original prescription container

Is your pet on any medications?

Yes No

Has your pet had his/her medications today?

AM PM

Owner Initials: _____



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Continued

Account #:

Pet Name:

Owner Name:

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SHARED CAGE: *Young's Animal Hospital does not recommend boarding family pets together for the following reasons*

- If one of the pets vomits, isn't eating, or is having bowel problems, it is difficult to know which pet is ill.
- Boarding can be stressful to some animals and can cause pets to fight while in the same kennel – even though they don't fight at home.

As the owner of the pets named below, I understand why it is not recommended that pets be boarded together. However, I prefer my pets be boarded together in the same kennel and release Young's Animal Hospital from any liability that may result from that decision.

Pets Named: _____

Owner Initials: _____

MEDICAL TREATMENT: Please be aware that some pets are under stress while away from their owners and in an unfamiliar environment and may become ill. This is unavoidable. In the event that my pet becomes ill during his/her visit, I hereby authorize any medical treatment and/or the administration of medications deemed necessary by the attending veterinarian. I understand this includes diarrhea, ear infections, and emergency illness. ***For diabetic pets, the stress of boarding can cause changes in appetite which in turn can cause glucose levels to take a dangerous turn. Due to this fact, glucose levels may be checked at the discretion of the attending veterinarian. I understand there will be additional charges in the event this becomes necessary.***

RELEASE OF LIABILITY: Young's Animal Hospital and our staff will use all reasonable precautions for the safekeeping of my pet, but the hospital and its staff will not be held responsible in any manner whatsoever on account of medical situations that may occur. I also understand that hospital personnel are not present continuously after normal business hours.

FINANCIAL RESPONSIBILITY: I assume responsibility for all charges incurred from the care of my pet(s). All sales are final. I understand these charges MUST be paid at the time services are rendered. We accept Cash, Check, MasterCard, Visa, Discover, American Express, and Care Credit. *If your account becomes delinquent for any reason, you will be subject to a collection agency and/or fees of up to 40% of the outstanding balance.*

In accordance with credit card processing regulations, Young's Animal Hospital requires that the signature on the card receipt be the same as the signature appearing on the credit card presented. ID may also be requested. **Therefore, we ask that the cardholder be here in person to present their card and ID if applicable and sign the card receipt.**

PRINT NAME: _____

SIGNATURE: _____

DATE: _____