

A.P.A.W. Veterinary Hospital and Wellness Center Boarding Release Form

Owner: _____ Patient: _____

(For Staff Use Only – Pet's Age: _____, Species: _____, Breed: _____, Color: _____, Weight: _____)

Dates of visit (from) _____ **(to)** _____ **Pick-Up Time:** _____ (am / pm)

Emergency Contact & Number _____

Boarding & Daycare Rates , based on weight (please mark one):

Daycare:

Canine/Feline Daycare: \$21.70

Boarding:

K9 up to 25 lbs, \$35.00 K9 26-50 lbs, \$38.00 K9 >51 lbs, \$42.00 Feline/Pocket Pets, \$30.00

For ALL pets requiring medication, an additional fee applies of \$2.70 (Charge is per administration)

*****Additional boarding and bathing services available a la carte. (Please ask for our brochure for details)**

BATH FEES *baes on weight, charged additionally to boarding (please mark one):

Feline / K9 up to 25 lbs., \$38.00 K9 26-50lbs, \$48.00 K9 51-100lbs, \$58.00 K9 >100lbs, \$68.00 No Bath
(initial) _____ (initial) _____ (initial) _____ (initial) _____ (initial) _____

*****Baths include complimentary nail trim & ear cleaning. Upon request, anal glands can be expressed for 50% off, included in total bath cost. Baths are typically done on the day of planned pick-up. If you choose for your pet to have a bath while boarding, your pet will be ready for pick-up after 2pm. Due to our half-days, if you are picking up your pet on Wednesday or Saturday, your pet will be bathed the day before.**

Diet:

Hospital Food (Royal Canin GI) Owner's Food | Please feed _____ (amount), in the: am pm both (circle one)

Special Needs (i.e. diabetes, heart disease) _____

Medications to Be Administered (administration fees will apply):

SERVICES YOU WOULD LIKE US TO PERFORM WHILE YOUR PET IS WITH US:

Examination, please list any specific problems: _____

Would you like us to start treatment for the above problem(s): Yes No

Wellness Blood Profile Urinalysis Nail Trim
 Tooth brushing Microchip Dental exam other _____

FLEA/TICK PREVENTION: _____ **Date last given:** _____

*****Your pet must be current on a flea and tick preventative. If they are not, they will be given a dose while they are boarding and there is an additional fee.**

CURRENT VACCINATIONS*: Every guest has the right to be protected from infectious and contagious diseases. Therefore, all patients must be current on the following vaccinations: **Dogs: Distemper, Bordetella, Rabies | Cats- Distemper, Rabies.**

All pets must also have a current fecal test and physical examination with one of our doctors. For pets over the age of 7, one of our doctors must see your pet at least every 6 months.

Please update the following: _____

***If vaccinations are not on record and proof of vaccinations is not provided, your pet will be vaccinated and you will be charged.**

PERSONAL ITEMS: Every guest has the right to clean, comfortable housing. If you choose to leave personal items for your pet (against our recommendation), they will be put with your pet. All leashes and collars should be removed. We will try our best to return any items left with your pet, but will not be held responsible for any of these items.

BATHS*: (All baths are performed using the HydroSurge bathing system) Every guest has the right to be clean during their stay. We will make every effort to keep your pet clean, however if they become soiled they will be bathed at your expense.

***If evidence of fleas is found, we will treat and dispense flea products at your expense.**

EMERGENCY SERVICES: Every guest is monitored regularly, however, we do not provide 24 hour supervision. It is our responsibility to provide emergency treatment should the need arise. We will contact you (if possible) if the problem is serious; if the problem is minor, we will treat accordingly. Fees for emergency service/medical care will be due before your pet is released from the hospital.

PAYMENT: I agree to pay for all services in full when my pet is released from the hospital. I have read the above conditions, understand and agree to them. If I neglect to pick up my pet within 5 days of the date listed above, the pet will be considered abandoned and the hospital is authorized to place the pet. This does not release me from the responsibility of my bill.

SIGNATURE _____ **Date** _____