



Boarding Release Form

Dates Boarding: _____

Acct number: _____ Client Name: _____

Pet(s) Information:

#1 Name: _____ Wt: _____ Feeding Info: _____

Current Medical/Surgical Conditions: _____

Medications & Time given: _____

To my knowledge my pet is HEALTHY today: Y N

Nail Trim (\$26.50-\$45.50): Y N

Bath/Towel Dry (\$26.80-\$45): Y N

Pick Up Time: _____

#2 Name: _____ Wt: _____ Feeding Info: _____

Current Medical/Surgical Conditions: _____

Medications & Time given: _____

To my knowledge my pet is HEALTHY today: Y N

Nail Trim (\$26.50-\$45.50): Y N

Bath/Towel Dry (\$26.80-\$45): Y N

Pick Up Time: _____

#3 Name: _____ Wt: _____ Feeding Info: _____

Current Medical/Surgical Conditions: _____

Medications & Time given: _____

To my knowledge my pet is HEALTHY today: Y N

Nail Trim (\$26.50-\$45.50): Y N

Bath/Towel Dry (\$26.80-\$45): Y N

Pick Up Time: _____

I UNDERSTAND and AGREE:

1. TCAH is NOT responsible for ANY lost or damaged belongings.
2. If ANY PARASITES (internal or external) are seen, my pet(s) will be treated at my expense, without prior notice.
3. If my pet(s) must be quarantined from general population, additional fees will be at my expense.
4. If my pet(s) are to be picked up by someone other than myself, I will/have made prior financial arrangements.
5. After all reasonable attempts are made to notify me, TCAH is allowed to treat my pet as the veterinarian(s) deem medically necessary while boarding AT MY EXPENSE.

6. All reasonable precautions will be used to prevent injury and escape of my pet(s). TCAH is not responsible for the actions of the pet that may cause injury and/or escape.
7. When medications are necessary for treatment, I authorize a medication fee of \$3.75 per day.
8. TCAH is NOT responsible for injuries resulting from same household pets that are housed together per owner's instructions. If fighting is observed the pets will be kenneled separately.
9. I understand that payment is due at the time services are rendered, there are no billing options.
10. **I CONFIRM, MY PET(S) HAVE NOT HAD SURGERY IN THE PAST 14 DAYS.** (initial) _____

I am at least 18 years of age and have read and understand the boarding policy of Tender Care Animal Hospital (TCAH).

Signature: _____ **Print Name:** _____ **Date:** _____

Emergency Contact Name & Phone Number(s): _____