ANIMAL HOSPITAL OF FT. LAUDERDALE
Boarding Release Form

Client Name: _____ Pet's Name: _____

Arrival date: _____ **Departure date: _____**

Emergency contact name: _____ **Emergency contact number: _____**

Would you like your pet bathed prior to discharge? (circle) **YES or NO** If yes, your pet **cannot** be discharged prior to **2:00 pm.**

Feeding Instructions

Brand of food:: _____
How much/ meal: Cups _____ Wet _____ Mixed: **Yes or No** How many times per day: _____
Special feeding instructions: _____

Medications
Are any medications necessary while boarding? (Circle) **YES** or **NO**

Give names of any medications and the dosage to be given:
1._____ 2._____
3._____ 4._____
5._____ 6._____
Special medication instructions; _____

REQUIREMENTS FOR BOARDING

- In the event becomes ill while boarding at the hospital, the doctors are authorized to provide any medical care they deem necessary to ensure you pet's health and well being. All reasonable efforts will be made to contact you prior to any treatment being rendered.
- I give my permission to treat for any illness or injury while boarding at the hospital and I understand I will be responsible for payment for any treatment so rendered.
- To ensure the protection of all pets under the hospital's care, should exhibit signs of internal or external parasites upon arrival for boarding, or while boarding, the hospital is authorized to treat for those parasites.

A medication administration fee of $3.50 per night is required for any animal that requires medication while boarding.

DISCHARGE POLICY

I fully intend to pick up on the above- specified date. If circumstances change, I will notify the hospital of a new pick up date. Payment is required prior to pet being discharged from the hospital, unless prior arrangements have been made.

I authorize _____ to pick up on above date.

I have read the boarding requirements, understand and agree with the hospital's policies.

Signed : _____ Date: _____