

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: Cups _____ Wet _____ Mixed: **Yes or No** How many times a 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 my pet becomes ill while boarding at the hospital, the doctors are authorized to provide any medical care they deem necessary to ensure my 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 my pet 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 my pet 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 will be charged for any animal that requires medication while boarding.

DISCHARGE POLICY

I fully intend to pick up my pet 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 my pet on above date.

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

Signed : _____

Date: _____

Intake Staff Initials: _____

Kennel Staff Initials: _____