

West Ridge Animal Hospital Boarding Release

Pet(s): _____ Weight: _____
 Owner: _____
 Boarding from: _____ To: _____
 Distemper vaccination is good until? _____ HW test: _____
 Rabies is good until? _____ HW Protection: _____
 Bordetella is good until? _____ Fecal _____

I understand you will try to contact the person listed below should an urgent situation arise.

I also understand I will be responsible for payment of charges incurred for treatment should my pet develop an illness which requires treatment. If my pet is destructive and damages the kennel area. I also agree to be responsible for costs incurred for necessary repairs.

Emergency Contact(s)	Phone Numbers
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Please Initial One

_____ Dr. Trupp is my regular veterinarian and I authorize him and his staff to provide any necessary medical or surgical care needed for my pet/pets during boarding.

_____ Although Dr. Trupp is not my regular veterinarian, I authorize him and his staff to provide any necessary medical or surgical care needed for my pet/pets during boarding.

_____ My regular veterinarian is Dr. _____ .Please make every effort to contact him/her if any medical or surgical care is needed while my pet/pets are boarding.

Does your pet need bathed?	Yes / No
Cleansing bath or full bath?	Pick up time _____
Nail trim	Yes / No
Play time 1 2 3	Yes / No \$3.95 per playtime
Medication to be administered?	Yes / No \$1.95 per day to administer medication

- ▶ Our policy is to provide a clean and healthy environment for you and your pets. For all pets safety we require proof that **Distemper, Bordetella and Rabies vaccinations are up to date.** If you do not have proof that these are current, we will have to update those vaccines here, at the owner's added expense.
- ▶ We are also obligated to treat your pets with a flea treatment called Frontline® and Capstar® if they are brought to us with fleas. We do this to provide a clean and safe environment for all pets. This will also be done at the owners' expense if the pet/pets require treatment.
- ▶ *I understand that if my pet eliminates on his or herself, and it is deemed that a bath is required prior to release, I will be responsible for those charges.*
- ▶ Please list on the back of this sheet any items such as toys or blankets you brought with you.
- ▶ Also please list any special instructions we should be aware of such as medications, special diets, etc.
- ▶ I have read and understand the terms of West Ridge Animal Hospital Boarding Release.

Signature of Owner or Agent	Date	WRAH Staff Initials
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