

# Duluth Animal Hospital Boarding Release Agreement

Hours of Pick-Up Mon-Thurs 9:00 AM – 6:30 PM Fri 9:00 AM – 5:30 PM Sat 9:00 AM – 12:30 PM

Client Name	Pet Name(s) _		
Drop Off Date	Pick-Up Date	Pick-Up Time	
If anyone else has permission to pick-up your pet, please give us their names :			
Medical Information			
Permission to examine/treat if med			
		tment. If unable to reach you in 24 hours, we will rgency, we will begin treatment until you can be	
Does your pet need any medical ser If so, please explain		No 🗔	
Does your pet eat a prescription die	et? Yes 🗌 No 🗌 If hospita	l provides prescription diet, additional cost per day. _ Amount per feeding	

Please list any medications your pet is taking that we will be administering during boarding :

Pet Name (if more than one pet on this form)	Medication Name	Dosage	When to Start (date/time)
1			
2			
3			
4			

## **Item Inventory**

At no extra charge Duluth Animal Hospital provides a high quality general care diet, bowls, bedding, toys, and leashes for your pet during their stay. *We would prefer no bedding be left with your pet.* If you do choose to leave items, *Duluth Animal Hospital is not responsible for items lost or destroyed by pets during their stay.* 

Please list any items you are leaving :

1	_ 4
2	_5
3	_6

### Bathing/Grooming

Please indicate if you would like us to perform the following.

	Nail Trim <b>Only</b>	\$14.80
	Anal Gland Expression Only	\$21.00
	Bath Only (no haircut)	\$28-44
		il trim, ear cleaning, anal gland expression, and brush out.
	Pets staying 5+ n	ights are eligible for a <b>FREE bath</b> .
		des bath, nail trim, ear cleaning, anal gland expression, and brush out. Hair trimming
	includes face, fee	t, and sani clip. No body hair trimmed. Price varies. Available Mon-Fri.
	•	es bath, nail trim, anal gland expression, and brush out. Hair trimming includes full
	body cut or shave	down. Price varies. Available Mon-Fri.
Date of Bath or Groom		

Please indicate any special instructions for the groomer (including specific cut or length of hair you would like left or if your pet requires a medicated shampoo).

### **Boarding Release Information**

1. I understand my pet must have proof of current vaccinations (Rabies, DHPP, and Bordetella for dogs or Rabies and FVRCP for cats) as well as a negative fecal in the last 12 months for dogs in order to board at Duluth Animal Hospital. If proof of vaccination is not provided, the doctor will perform a physical exam and administer vaccines at owner's expense to prevent the spread of illness between boarding pets.

2. If my pet shows evidence of internal or external parasites (ticks, fleas, or worms), my pet will be examined and treated appropriately during his/her stay.

3. I understand that Duluth Animal Hospital provides utmost caution against illness, injury, or escape. However, I will not hold them liable or responsible in the care or treatment of my pets and I assume all risks associated with pets coming into contact with other animals. *This includes Kennel Cough (Bordetella), upper respiratory infection, parasites, diarrhea, weight loss, etc.* 

#### **Emergency Contact Information**

*Emergency Contact can be you if you will be available by phone.* 

Emergency Contact	Phone Number	
Email Address		
May we use your pet'	s photo on our social media or website? Yes $\Box$	No 🗖
By signing, I acknowledg	ge that I have read and agree to the boarding release terms	s. I verify that I am the owner of the pet in

question and I am 18 years of age or older. I understand full payment is due at the time of pick-up.

Signature	Date	e
		09/2017