



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

Admitting CSR

Admitting Tech

Client Name _____ Pet Name(s) _____

Drop Off Date _____ Pick-Up Date _____ Pick-Up Time _____

Pick-Up begins at 9:00 AM Monday - Saturday

If anyone else has permission to pick-up your pet, please give us their names :

Medical Information

Permission to examine/treat if medical problem should arise? Yes Call First

**Charges will apply. If indicated, we will attempt to call you prior to treatment.*

If unable to reach you, we will treat pet's medical problem UP TO \$150 and advise upon your return.

In case of an emergency, we will begin treatment until you can be reached for further instruction.

Does your pet need any medical services while here? Yes No

If so, please explain _____

Did you bring food? Yes No If so, what kind? _____

Does your pet eat a prescription diet? Yes No *If hospital provides prescription diet, additional cost per day.*

How many times per day is your pet fed? _____ 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 <i>*We can only administer meds in original bottle</i>	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.**

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Please list any items you are leaving :

Bathing/Grooming Services

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

- Nail Trim **Only** (\$16.50)
- Anal Gland Expression **Only** (\$23)

**Please turn over
for back side** 

- Bath **Only (no haircut)** \$28-44 *Baths include nail trim, ear cleaning, anal gland expression, and brush out.*
- FREE BATH** : Pets staying 5 or more nights are eligible for a complimentary bath

Grooming/Hair Cutting services are completed at the Duluth Dog Depot next door. We are happy to transport your pet to the Depot for a grooming appointment during their stay.

- Please indicate if you would like a haircut for your pet.
If yes, does your pet already have a reservation with the Duluth Dog Depot? _____
If not, this appointment is dependent on the Duluth Dog Depot's availability during your pet's stay. Please speak with a receptionist to book your pet's grooming.

Boarding Release Information

1. I understand my pet must have proof of current vaccinations (Rabies, DHPP, Bordetella, and Influenza (both strains) 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, Influenza, parasites, diarrhea, weight loss, etc.***
4. Photos and videos are sometimes used to capture daily activities. By signing this form, I hereby grant Duluth Animal Hospital permission to use my pet's likeness and name in photograph, video, or other digital or print media, without payment or consideration. I understand all photographs remain property of DAH. I hereby irrevocably Duluth Animal Hospital to edit, copy, exhibit, publish, or distribute these photos for any lawful purpose, and waive any compensation.

Contact Information

<p>Your Contact Information</p> <p>Ph# _____</p> <p>Email _____</p>	<p>Emergency Contact, If you choose</p> <p><i>That can make medical decisions on behalf of your pet.</i></p> <p>Name _____</p> <p>Ph# _____</p>
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By signing, I acknowledge that I have read and agree to the boarding release terms. 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 _____

12/2019