

BOARDING RELEASE FORM

Owner & Pet Information:

Client Name	Phone Number
Pets Name (1)	Pets Name (2)
Emergency Contact	Phone Number
Alternate Contact	Phone Number

FOOD, BELONGINGS, MEDICATIONS:

I would like my pet fed in-house food:	My pet has their own food:
Food instructions, amount, times per day:	
Treat instructions:	Food Allergies:
If boarding multiple pets together, do they need to be separated for feeding?	Does your pet(s) need to be separated from other pets for playing/walks:
Pet belongings:	

Medications: Additional charge of \$2.50 per med. /per day for administration. Diabetics \$4.50 Per Injection. Must be supplied by owner.

NAME OF MEDICATION	AMOUNT	INSTRUCTIONS	LAST GIVEN

Please list any behavioral information. Ex: Aggressive over toys or food.

Would you like any additional services during the stay here? Ex. Nail trim, ear cleaning, anal glands, grooming, TLC time, treadmill?

Has your dog ever attended daycare or boarding? If yes, how was the experience?

Does your dog get along well with other dogs?

Does your dog share well?

Does your dog growl?	Is it a play growl or warning growl?
Is your dog mouthy? i.e. does he/she nibble on you?	
Would you like your dog fed during daycare?	
If so, please provide food in a sealed container with name and feeding instructions on it.	
Is your dog on any medications?	
Does your dog have any past injuries, medical problems or any current conditions?	
Is your dog frightened around anything?	
What happens when you or somebody else tries to take food or toys from your dog?	
What kind of toys does your dog like?	
Does your dog have any obedience training?	
What commands does your dog know?	
How does your dog react to puppies?	
Rate your dog's energy level "1" being very mellow and "10" being a total uncontrollable spaz.	
How well does your dog get along with other animals "1" being aggressive "5" really doesn't care and "10" being excellent?	
Has your dog ever bit anyone? What were the circumstances?	
Has your dog ever jumped or climbed over a fence? How high was it? What type of fence?	

Health Requirements

Must have written proof prior to or same date of boarding of up-to-date vaccines and fecal. Additionally, any pets interacting with other animals must be spayed or neutered.

BPAH will exercise reasonable care of the pet during its stay. The owner does acknowledge and he/she understands that their dog may co-mingle with other dogs and the risk associated with it. Although we provide reasonable supervision, dogs may escape, injuries can occur, and transmittable diseases may happen. In consideration of these services, owner expressly waives and relinquishes any claims against BPAH, its officers, owners, employees and agents, relating to services provided pursuant to the owner's dog, and further agrees to indemnify BPAH against all such claims.

PICK UP HOURS ARE DURING THE FOLLOWING HOURS ONLY:

Monday – Thursday: 7:30 am - 7:00 pm, Friday: 7:30 am - 7:00 pm, Saturday and Sunday: 8:00 am - 5:00 pm

**** If your pet is picked up after 3pm an additional night will be charged. ****

If the pet(s) is/are to be picked up by someone other than the owner, arrangements must be made with the hospital regarding pick up and payment. **INITIAL:**

If the expected discharge date is changed for a later date, notification and arrangements **HAVE** to be made. If **No** communication is made and the pet is not picked up within 10 days of expected discharge date, they will be considered abandoned. Boca Park Animal Hospital is then given the right to handle the pet as deemed best. **INITIAL:**

By signing below, you agree and understand the policies listed in this Release Form. You also authorize Boca Park Animal Hospital to care for your pet during their stay with us and you accept all financial responsibility for any and all charges incurred during your pet's stay. Thank you for choosing our team to care for your pet.

INITIAL:

Regarding treatment of my pet(s) during its stay: (Please Initial one)

Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the wellbeing of my pet(s). I will accept full financial responsibility for all charges related to the treatment of my Pet (s). **INITIAL:**

Treat my pet as needed. But do not exceed \$_____ . I understand that if the treatment is to exceed the amount indicated and we are unable to reach you, your pet(s) will not receive further treatment, even if it's life threatening. I understand that if the Doctor and/or his agents feel that my pet is undergoing needless pain and suffering, I authorize you to humanely euthanize my pet(s). I will assume full financial responsibility for all charges occurred during this time.

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INITIAL:

BPAH allows cage-free daycare to the maximum extent possible, however if for any reason due to environmental or weather changes, and/or due to behavioral issues BPAH reserves the right to isolate any pet(s) to ensure the safety of all. In addition, there will be no refund due to owner for unforeseen occurrences.

INITIAL:

Raised bed - Please note if your pet is staying in a VIP, Penthouse, Executive they will be provided a raised bed that is included in price. *** However if your pet destroys the bed you will be charged the amount of \$40.00. If your pet is in a mini suite you may purchase at an additional \$2.50/day – Yes, please add to my Mini suite a bed _____

Agree _____ DO NOT give my pet a raised bed _____

By signing below, you agree to the 3p.m. check out time and the terms of our boarding stay and agree to follow them as discussed above.

Signature:

Date: