

Canine Boarding Release Form

Client ID:
Client Name:
Address:
Phone #: - ()

Patient ID:
Patient Name:
Species:
Sex:

Birthdate:
Weight:

Arrival Date: Depart Date:

Feeding Instructions

Medications:

_____ I authorize Siena Animal Hospital and its agents to provide medications as prescribed.

_____ If medication or sedation is necessary for treatment or handling, I give my permission to Siena Animal Hospital to administer such medications.

_____ I authorize Siena Animal Hospital to do whatever is necessary in the instance of illness or emergency, but not to exceed \$_____.

_____ I understand that if my pet(s) is left for more than 10 days after the expected date of pick up, and no other arrangements are made during that time, my pet(s) will be considered abandoned. If abandoned, I am still responsible for all charges up to the date of abandonment.

_____ I understand that _____ will be unattended overnight and Sunday mid-day.

_____ I agree to pay all remaining charges when I pick up my pet(s) and I understand my pet(s) cannot leave the premises until charges are paid in full.

My pet(s) will be boarded together unless I specify which of my pets must be boarded separately. The following pets CAN NOT stay together: _____

My pet(s) will be boarded in a luxury suite for \$65.50 per night.

Would you like to have any of the following procedures done for your pet during their stay?

Nail Trim (\$14.95) Anal Gland Expression (\$17.60) Ear Cleansing (\$22)

Tech Bath (includes Nail trim, Anal glands, and Ear Clean) <20 lbs (\$29) 21-50lbs (\$35) 50-80 lbs (\$41) >80lbs (\$46)

Emergency contact: _____ Phone: _____

I understand that I will not hold Siena Animal Hospital or any of its employees liable for accidental illness or injury during his boarding.

I have read/understand the boarding policy of Siena Animal Hospital.

Signature of Pet Owner or Responsible Agent Today's Date

By initialing, I understand that the items I bring for my pet could be lost, soiled or destroyed.

Items: collar? _____ leash? _____ food? _____

C.S.R _____

Owner _____

Tech _____