

Feline Boarding Release Form

Client Name:
Clients Last Name
Address:
Clients Home Phone

Patient :
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 boarders will be unattended overnight and Sunday mid-day.

_____ I agree to pay all remaining charges when I pick up my pet(s)

_____ Are vaccinations current? If not, I authorize Siena Animal Hospital to vaccinate my pet.

Has your pet been FIV/FELV tested? If so, what was the result? Yes No

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

Nail Trim (\$15.95)

Anal Gland Expression (\$18.90)

Ear Cleansing (\$25)

Tech Bath (includes Nail trim, Anal glands, and Ear Clean) <20 lbs (\$29) 21-50lbs (\$35); addl fees for long-hair

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

Signature of Pet Owner or Person Responsible

Today's Date

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

C.S.R _____

Owner _____

Tech _____