

{CLINICNAME} Boarding Release Form

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|----------------------------------|--------|-----------------|---------------|
| Client ID | {ID} | Client Name: | {FULLNAME} |
| Pet Name: | {NAME} | Telephone: | {PHONENUMBER} |
| Alternate #: | | Arrival Date: | |
| Emergency Contact & Phone Number | | Departure Date: | |

MEDICATION INSTRUCTIONS: LIST any medications your pet is taking, and what times they are given. Medications not listed will NOT be given. Administration of medication, once daily, is included in the daily boarding fee. More than once daily will be an additional **\$9.53 PER DAY** (Diabetic pets-see estimate)

Check if Medications were given prior to dropping off.

FEEDING INSTRUCTIONS:

Check any additional services you request while your pet is staying with us:
These services require are **not complimentary**. Examinations will be charged a doctor's examination fee.

Trim nails \$19.49 Bath - End of Stay \$23.10 Clean ears \$7.88 Express Anal glands \$56.99

Other: _____

Dog vaccine requirements: Rabies, Distemper Combo, Bordetella, Leptospirosis, Bivalent Canine Influenza
Cat vaccine requirements: Rabies, Distemper Combo, Bordetella

Please initial next to each statement below.

_____ Owner will disclose all and any potential health issues _____

_____ **All pets not currently on flea/tick preventative will be treated upon admission.** We do not want any animal coming in or leaving with ticks or fleas! **The topical treatment is \$16.25.** Please be aware that Trifexis does not provide tick coverage - if ticks are found on any pet it will be treated at the owner's expense.

_____ Owner agrees to the pay the amount for boarding upon check out and agrees to pay the costs and charges for ALL services requested and all veterinary costs for your pet during the time the pet(s) is/are in the care of Sunshine Animal Hospital.

_____ If your pet becomes ill or if the state of the animal's health requires attention, Sunshine Animal Hospital, in its sole discretion, may engage the services of our veterinary staff, administer medicine or give other requisite attention to the animal and the expenses thereof shall be paid by the owner. **Prior to this step every effort will be made to contact the owner before treatments are started.**

DNR I DO NOT wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness if CPR is not performed, my pet will pass away.

CPR I wish the staff to perform resuscitation (CPR) on my pet if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness. Minimum charge is \$150.00 (higher depending upon patient weight/response).

I have read and understand the boarding requirements and agree to the terms there within.

Signed : _____