



BOARDING RELEASE FORM

Check in/out between 8:00am – 5:30pm (Monday – Saturday)

Client ID:

Client Name:

Address:

Phone #:

Emergency:

Other:

Patient ID:

Patient Name:

Species:

Breed:

Sex:

Color/Markings:

Birth Date:

Check In Date:

Check Out Date:

(Please check your choice below)

Boarding

- Standard Cages 1-25 (restrictions apply)
- Luxury Villa
- Luxury Suite
- Feline Townhouse
- 15% Holiday Rate
- Sunday Pick Up (Full Day Charge)
- Long-Term Boarding (6 weeks or more)

Boarding Extras

- Play Time (10 min. each) @ \$8.25
- Daily Brushing @ \$7.84 each
- Swimming Pool Sessions @ \$25.00 each
- Groom (Groomer will call you for a pick up time)
- Bath @ Additional Cost
- Bath for Long Term Boarders (every 3 weeks)

Estimate for services about can be created for you by request.

- | | | |
|--|-----|--------------------------------|
| 1. Is your pet having an anesthetic procedure while boarding? | Yes | No (estimate to be signed) |
| 2. Is your pet aggressive towards other pets? | Yes | No |
| 3. Is your pet aggressive towards people? | Yes | No |
| 4. Has or is your pet on flea and heartworm preventative? | Yes | No |
| 5. Has your pet had any of the following in the last 7 days?
<i>Vomiting, Diarrhea, Coughing, Sneezing, Thirst, Urination, Appetite</i> | Yes | No |
| 6. Does your pet have any allergies? | Yes | No (If yes, please list below) |

Medications:

Food:

Vaccines:

OWNER TO FILL OUT

Feeding Instructions:

Has your pet been fed today?	Yes	No	If yes, at what time:		
Type of food:	Dry		Wet		
Cup(s)	Once a Day	AM	PM	Twice a Day	Three Times a Day
Can(s)	Once a Day	AM	PM	Twice a Day	Three Times a Day

Special feeding instructions:

Pet Care Specialist Signature: Date:



Check In Date:

Client ID:

Address:

Emergency:

Check Out Date:

Client Name:

Phone #:

Other:

Patient ID:

Patient Name:

Species:

Breed:

Sex:

Color/Markings:

Birth Date:

Flea Preventative Name:

Last Date Given:

Heartworm Preventative Name:

Last Date Given:

Are any medications necessary while boarding? (*NO CHARGE)

Yes

No

(*No charge does not apply to certain medical conditions eg. Diabetes, Renal Failure, Etc. Charges will be applied at doctors discretion for these types of cases)

Has your pet been given medications today?

Yes

No

Type + Amount:

Please list all medications and the dosage to be given (If more than 3 medications, please advise the nursing staff)

Medication:

Dosage:

How Often:

am

pm

With Food?

Yes

No

Medication:

Dosage:

How Often:

am

pm

With Food?

Yes

No

Medication:

Dosage:

How Often:

am

pm

With Food?

Yes

No

Special medication instructions:

If you should run out of any of the medications listed above would you like to have them refilled?

Yes

No



Requirements for Boarding

1. All animals must be current on all vaccinations or current with adequate antibody titers. All boarding pets must have a current fecal and bordetella every 6 months. If your pet is not current, our veterinarian will administer the outstanding required vaccinations and exam at owner's expense.
2. Pets getting a bath/groom on departure day will need to be picked up by 4 pm Monday – Saturday. No exceptions.
3. All equipment brought in with your pet must be expendable, washable and identified with your pet's name. If you must leave personal items please list them below in detail.
 - a.
 - b.
 - c.
 - d.
4. Long term boarders (6 weeks or more) must have a credit card on file and it will be billed weekly.

I am the owner of the above named pet, or am responsible for it and have the authority to execute this consent. I hereby consent to the hospitalization and authorize the staff to administer any medication, tests, anesthetics or surgical procedures that the doctor deems necessary for the health, safety and well-being of my pet, and that I am responsible for all additional charges. I agree to indemnify and hold Calusa Veterinary Center harmless from and against any and all liability arising out of the performance of any of the procedures referred to above. **Initial:**

I understand that it is the hospital policy that my pet is current on all vaccinations prior to being admitted and is free of external and internal parasites (fleas, ticks, worms, etc.) or these will be corrected at admissions and changed accordingly. **Initial:**

I have read the boarding requirements and understand the hospital's policies. **Initial:**

Owner's Signature

What is the phone number you can be contacted at?

Alternate Phone Numbers:

Email Address:



Patient Name:

Patient ID:

Species:

Age:

Initial	Vaccination Requirements	Price
	Exam with Vaccines	\$68.87
	Bordetella Intranasal (Kennel Cough)	\$24.75
	Rabies 1 Year (Puppy & Feline)	\$20.50
	Rabies 3 Year	\$37.25
	Canine – Distemper/Parvovirus 1 Year	\$24.50
	Canine – Distemper/Parvovirus 3 Year	\$65.00
	Canine – Distemper Titer	\$61.00
	Canine – Parvovirus Titer	\$61.00
	Fecal (Sent out to laboratory)	\$48.50
	Heartworm Test	\$66.50
	Feline – FVRCP 1 Year	\$32.50
	Feline – Rabies 3 Year	\$65.00
	Feline Leukemia (FeLV) 1 Year	\$32.50

I have reviewed my pet's reminders and understand that he/she is required to have services performed to make sure that they are up to date and I agree to have these performed while my pet is boarding. I have reviewed and initialed the services that I authorize while my pet is staying at Calusa Veterinary Center.

Initial:

I have reviewed and understand Calusa Veterinary Center's Pet Resort Vaccination Policy.

Client's Signature:

Date:

I hereby authorize _____ to pick up my pet(s) from boarding, other than myself. I understand that this person will be responsible for payment at the time of picking up. **Initial:**

Pet health

I acknowledge and agree to the following: In the unlikely event that your pet become ill or injured, or if you pet has a pre-existing condition which is exacerbated by its stay, and required veterinary care, Calusa Veterinary Center will attempt to notify you or your agent at the telephone numbers that you provided. If we are unable to reach you or your agent, Calusa Veterinary Center and/or Calusa Veterinary Emergency & Hyperbaric Center at its sole discretion may engage the services of a veterinarian and/or administer medicine or give other necessary attention to your pet, and you authorize us to provide any such service at your expense. In cases we believe to be critical, we may have a veterinarian examine your pet first before trying to contact you. If you refuse medical treatment for your pet, Calusa Veterinary Center and/or Calusa Veterinary Emergency and Hyperbaric Center, at its sole discretion, may engage a veterinarian and/or administer medicine to make your pet as comfortable as possible until picked up by your or your agent, and you authorize us to provide said service at your expense. By signing below, you acknowledge and understand Calusa Veterinary Center's Pet Resort's pet health stipulations.

Client's Signature:

Date: