

New Georgia Animal Hospital Boarding Release Form

Client ID : 3710
Client Name : New Client
Spouse : Spouse
Address :

Patient ID : 3
Name : Dog
Species : 0
Breed :
Sex / Altered : /
Color :
Weight :
Birth Date :

City / State / Zip: ,
Telephone :

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of the hospital to treat, prescribe for, and/or operate upon my pet(s) while they are being boarded at the hospital.

I allow New Georgia Animal Hospital to use all responsible precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

I agree that my pet has been fully vaccinated, INCLUDING a heartworm test and a fecal parasite exam, within the last 12 months. If I cannot verify such vaccinations, then I give permission for the hospital to administer vaccinations required for the boarding of my pet(s) and I will pay for them at pickup.

New Georgia Animal Hospital will not be held responsible for any personal items left with your pet while boarding or not taken home after pickup. All personal items shall be permanently labeled.

All Canine boarders will be given a Nexgard tablet upon entering the boarding area to kill any ticks as well as fleas for 30 days. The charge is \$6.50. Feline boarders will receive a Capstar pill that will kill any fleas present on the pet for 24 hours. The charge for this is \$5.00. These medications will not interact with any topical or oral medications you may have administered to your pet in the past 30 days.

Should the circumstances arise that my pet(s) remain unclaimed 5 days after the date which I have stated as the pick-up date, I understand that the pet(s) will be considered abandoned and may be released to animal control or euthanized. It is further understood that such action will not relieve me from paying all costs of the services, including the cost of the boarding service.

By signing this I consent that I have read the above paragraphs and understand the information presented therein. I agree to pay any additional charges that may occur during my pet(s) stay.

Signature of owner _____ Witness _____

THE COST OF BOARDING PETS IS \$12.00-35.00 PER PET PER NIGHT. Please Circle One

Standard Kennel \$20(dogs only) Luxury Suite \$35 (includes 1 TLC) Kitty Condo \$12(cats only)

***Would you like your pet to receive extra TLC? This is extra time spent just with your pet. The cost of TLC is \$5.00 each time. (During Peak Holiday times this service is not available.)

YES NO How Many Times? _____

***For an additional charge, would you like your pet bathed or groomed before he/she goes home?

Please Circle One:

Grooming if Available (Hair Cut) Deluxe Bath (includes, Nail Trim, Ear cleaning) None

**If you have more than one dog would you like them boarded together? Yes No

**Was your pet adopted from a shelter/ rescue group within the last 6 months? Yes No

Begin Boarding Date _____ End Boarding Date _____

**Telephone number where the owner can be reached _____

**Date _____ Signature of owner _____