

WESTMORELAND & SLAPPEY ANIMAL HOSPITAL

BOARDING RELEASE

Date _____

Owner's Name _____ Pet's Name _____

Phone Number (Where you may be reached while away) _____

Emergency Contact and Phone Number _____

Drop off Date _____ Pick up Date _____

Please list any medications or special diet required by your pet(s):

There will be an additional \$4.50 per animal for the duration of the stay to administer the medicine

If on medication, when was the last dose given? _____ When did you pet last eat? _____

Does your pet have any special feeding instructions? _____

Please list any personal items or toys that you will be leaving with your pet

Would you like your pet to have a bath before going home? _____

(A bath is complimentary with a 5 night stay)

Are there any other services your pet will need while boarding with us? (Vaccinations, Dental, Nail Trim, Micro chipping are all available for an additional charge)

ADDITIONAL CHARGES MAY BE APPLIED FOR PETS REQUIRING SPECIALIZED CARE DURING BOARDING.
(ADDITIONAL CHARGE FOR DIABETIC ANIMALS WILL APPLY \$18.00 PER GLUCOSE CHECK AND \$4.50 PER INSULIN INJECTION ADMINISTRATION)

WE REQUIRE ALL PETS ENTERING THE HOSPITAL BE CURRENT ON THE FOLLOWING VACCINATIONS:

- Dogs: Rabies, Bordetella. We strongly recommend vaccinating for Distemper, Hepatitis, Lepto, Parvo, Parainfluenza, Influenza, and Corona.
- Cats: Rabies and Bordetella. We strongly recommend vaccinating for feline distemper, Rhinotrachetis, Panleukopenia, and Calcivirus.

If these vaccinations were administered elsewhere, please provide appropriate documentation.

I hereby authorize Westmoreland and Slappey Animal Hospital to examine, prescribe, or treat the above pet(s) if deemed necessary. I understand that my pet must be current on the above listed vaccinations and that if records cannot be provided verifying vaccinations, all required vaccines will be administered by Westmoreland and Slappey Animal Hospital at my expense. I also agree to assume full responsibility for all charges incurred in the care of my pet(s). My signature below guarantees the legality of the form for a period of at least two years from the date signed. I reserve the right to rescind my signature at any time with proper notice. I also understand it is my responsibility to update information contained in this form whenever necessary during the two year period.

Signature _____ Date _____