

## BOARDING RELEASE/CHECKLIST

CLIENT NAME: \_\_\_\_\_ PET NAME: \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_

**IF YOU WOULD LIKE ANY OF THE FOLLOWING SERVICES TO BE PERFORMED DURING YOUR PET'S STAY WITH US, PLEASE CIRCLE BELOW. OUR STANDARD FEES WILL APPLY, INCLUDING EXAMINATION FEES, FOR PREBOARDING (new boarders only), VACCINES, REQUESTED MEDICAL ISSUES & RECHECKS.**

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PREBOARDING EXAM \$64.25	WELLNESS EXAM \$61	MEDICAL EXAM \$82	RECHECK EXAM \$59
*Canine Distemper (DHLPP) \$50.50	*Feline Distemper (FRVCP) \$40	Fecal/giardia \$59.25	Jr. Wellness Bloodwork \$122-125
*Canine Bordetella \$40	Feline Leukemia \$42	Urinalysis \$84.50	Sr. Wellness Bloodwork \$244.50-245.75
Canine Lyme \$50.50	*Feline Rabies \$40 1yr / 3yr	Accuplex \$59	Home Again Microchip \$62.75
*Canine Rabies \$40 1yr / 3yr	Bath \$53.23-64.75	Nail Trim \$25.25	Anal Glands \$38

Dentistry (estimate signed/attached)    Surgery (estimate signed/attached)]

*\* indicates vaccines required for boarding*

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MY PET NEEDS THE FOLLOWING CHECKED WHILE BOARDING: \_\_\_\_\_

FEEDING INSTRUCTIONS: \_\_\_\_\_

BROUGHT OWN FOOD: YES / NO      FEEDING INSTRUCTIONS: ONCE DAILY / TWICE DAILY / 3X DAILY

IF YES QUANTITY: \_\_\_\_\_ BRAND: \_\_\_\_\_ CANNED: \_\_\_\_\_ DRY: \_\_\_\_\_

BROUGHT MEDICATIONS:      YES / NO      DIABETIC: YES / NO (IF YES FILL OUT DIABETIC RELEASE FORM)

- |          |                    |
|----------|--------------------|
| 1. _____ | INSTRUCTIONS _____ |
| 2. _____ | INSTRUCTIONS _____ |
| 3. _____ | INSTRUCTIONS _____ |
| 4. _____ | INSTRUCTIONS _____ |

\*\*PAH TO DISPENSE \_\_\_\_\_ REFILLS: \_\_\_\_\_

\*\*\*\*\* PLEASE NOTE THAT THERE IS AN ADMINISTRATION CHARGE AND A CHARGE FOR THE MEDICATION\*\*\*\*\*

BELONGINGS BROUGHT: \_\_\_\_\_  
 WE WILL NOT BE RESPONSIBLE FOR ANY BELONGINGS THAT ARE NOT PERMANENTLY LABELLED

SPECIAL INSTRUCTIONS: \_\_\_\_\_

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EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

**I HAVE READ THE BOARDING RELEASE/CHECKLIST AND I UNDERSTAND THAT I AM RESPONSIBLE FOR THE PAYMENT OF THE FEES ASSOCIATED WITH THE SERVICES THAT I HAVE SELECTED. I ALSO REALIZE THAT SHOULD A MEDICAL PROBLEM ARISE, MY SIGNATURE ON THIS FORM, IMPLIES CONSENT TO TREAT MY PET ACCORDINGLY, UNLESS NOTED BELOW IN EXCEPTIONS.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EXCEPTIONS: \_\_\_\_\_

BOARDING RELEASE TIME IS AFTER 12:00

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CAGE                      CONDO                      KENNEL RUN                      MEDICAL 1 2 3