



Boarding Policies and Authorization Form

Owner's name: _____

Pet's name: _____

Boarding dates: _____

I verify that I am the owner or agent of the pet listed above and have the authority to execute this consent authorizing Friendship Animal Hospital to board the above-mentioned pet and to medicate if needed. Boarding charges are per night. All pets are kept in our climate controlled indoor facility. We feed Hill's Science Diet Sensitive System to our guests unless a special diet is provided by the owner. This diet helps minimize diarrhea and upset stomachs that can often occur while boarding. In the event of needed medical attentions, we will attempt to contact you. If a medical emergency arises or I am unable to be reached, I authorize Friendship Animal Hospital to administer medication and treat as medically necessary. I understand that all treatment expenses are the responsibility of the owner.

REQUIREMENTS FOR BOARDING:

1. All pets must be up-to-date on Rabies, Distemper (Canine or Feline), Influenza (Canines only) and Bordetella (Canines only) for the protection of all other animals, as well as your own. If your pet has received vaccinations elsewhere, please provide proof of those vaccines and the dates they were given. If we are unable to verify needed immunizations prior to arrival on the first day of boarding, we will vaccinate your pet at the owner's expense.
2. Proof of a negative fecal exam within the past 6 months. A fecal ova and parasite exam will be performed if none is provided.
3. Current physical examination at Friendship Animal Hospital within the last 12 months prior to boarding. This ensures an active client/patient/doctor relationship, and thus allows us to treat simple/minor medical conditions that may arise with boarding, such as administering medication for diarrhea. More active disease/illness that may arise while boarding may require an updated examination to assess current medical status and more accurately direct treatment, at the owner's expense.
4. Free of external parasites. If fleas and/or ticks are detected while boarding, treatment will be necessary and charges are the responsibility of the owner.

Although we take every precaution necessary to keep your pet(s) safe, healthy and happy while here; we cannot prevent natural disasters, break-ins or fires. Upon signing this release, you will not hold Friendship Animal Hospital, its staff and/or doctors liable for any of the above mentioned things.

Drop off and pick up times for your pet(s) are during normal office hours ONLY.

Detailed description of belongings (i.e. leash, collar, bedding, toys):

Personal items can be brought. We supply bedding and feeding bowls for all our guests. Owners are welcome to bring their own comforts from home providing any bedding can fit in a standard washing machine if needed. Although we make every effort to care for your belongings, Friendship Animal Hospital is not responsible for lost or damaged belongings while in our care.

Diet:

_____ Please feed the following diet provided:

How much:

How often:

Last fed:

_____ Please feed the hospital food provided:

How much:

Canned _____

Dry _____

How often:

Last fed:

Mediations (must be in original dispensed containers):

Mediation: _____ Directions: _____ Last given: _____

Mediation: _____ Directions: _____ Last given: _____

Mediation: _____ Directions: _____ Last given: _____

Mediation: _____ Directions: _____ Last given: _____

Mediation: _____ Directions: _____ Last given: _____

Bathing Options (Additional Cost):

_____ Bath only

_____ Bath and Nail Trim

_____ Bath Combo (bath, nail trim, anal gland expression and ear cleaning)

_____ Nail Trim only

If your pet is being bathed, please plan to pick up after 2 pm to ensure complete dryness.

Emergency Contact:

Name: _____ Number: _____

Name: _____ Number: _____

Owner's signature: _____

Date: _____