

Boarding Release Form
Jones Animal Hospital

Monday-Friday: 7:30am – 5:30pm

Saturday: 7:30am – 12:00pm

Sunday: Closed

Owner's name: _____ Pet's name: _____

Date in: _____ Am Pm Date out: _____ Am Pm

Belongings: Bedding (indicate color or pattern) _____

Carrier (indicate color) _____

Toys: _____

Please remove all collars, leashes, and tags for your pet's safety

Special diet information: _____

Medications: _____

Has your pet received the AM medications? Yes No

PM medications? Yes No

Other information: _____

Would you like any additional services done while your pet(s) are here (Please circle)

Yearly Vaccines

Fecal Exam

Heartworm test

Physical examination

Bath

Dentistry

ID Microchip

Toe nail trim

Groom

Flea Treatment

Other _____

I certify that I am the owner or authorized agent of the animal(s) above, and hereby authorize Jones Animal Hospital to board my pet(s) at their facility.

I understand that current vaccinations (DHLPP, Rabies and Bordella for dogs; FVRCP and Rabies for cats) are required prior to boarding. If my animal has not received these vaccinations at least one week prior to boarding, I understand that my animal may contract an illness while boarding. I assume financial responsibility for the treatment of such illness.

In the event that emergency treatment is required and I cannot be reached, I authorize the staff of Jones Animal Hospital to perform medical and surgical treatment necessary to preserve the life of my pet until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above named pet and I understand that payment in full is due upon release of the pet from the hospital or when service is otherwise terminated.

In the event of abandonment, I understand that written notice will be mailed to my address to remove the animal. Five days after such written notice, the animal(s) will be considered abandoned and may be disposed of, or destroyed, as Jones Animal Hospital deems best, and it is understood that abandonment does not relieve me from paying all costs of your services and the use of your hospital, including the cost of keeping.

Signature of owner or agent: _____ **Date:** _____

Emergency daytime telephone: _____