

# SUMTER COUNTY ANIMAL HOSPITAL

## BOARDING RELEASE FORM

Client ID: \_\_\_\_\_

Pet Weight: \_\_\_\_\_

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Address: \_\_\_\_\_

Pet ID: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Breed/Color: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

**CHECK-IN DATE:** \_\_\_\_\_

**CHECK-OUT DATE:** \_\_\_\_\_

Emergency contact#1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact#2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICATIONS:** \$1.50 per administration; only applies if your pet requires medications, treatments and monitoring by staff.

Name of Drug	Dosing Instruction	Date & Time last Given

Do you consent to Pro-Pectalin (Neutraceutical) should your pet experience diarrhea while boarding?

**FEEDING Instructions:** Unless indicated otherwise, pets will be fed Royal Canin Gastro Intestinal Diet.

Name of Food	Amount Fed	How Often?

**Special Services:**

- Extended Playtime
- Nail Trim

Other: \_\_\_\_\_

In order to maintain a clean sanitary environment, we provide bedding for boarders so that all bedding can be washed daily. Please refrain from bringing beds, blankets, and toys. Sumter County Animal Hospital will NOT be responsible for personal items left with pets. **PLEASE TAKE ALL LEASHES, COLLARS, ETC WITH YOU WHEN YOU LEAVE.**

**Requirements and Authorization to Board**

In order to maintain a healthy boarding environment, pets MUST meet the following requirements:

- Annual Wellness exam in the last 12 months
- Current vaccines (**Canine:** Rabies, DHPP +/- Lepto, Bordetella and Canine Influenza) (**Feline:** Rabies, FVRCP +/- Leukemia)
- Negative Fecal in the last 6 months
- Free of external parasites (fleas and ticks); if found your pet will be automatically treated at your expense

As the owner or responsible agent of the above names pet, I give Sumter County Animal Hospital permission to treat, prescribe medication or otherwise care for him/her as deemed medically necessary. I am aware that if any problems, medical or otherwise, should occur, Sumter County Animal Hospital will attempt to contact me or my emergency contacts. In the event that I or my emergency contacts can not be reached, Sumter County Animal Hospital will act on my behalf to provide the necessary care and treatment of my pet at my expense.

I have read the boarding requirements and understand Sumter County Animal Hospital policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Photo Release\*\* I hereby give my consent to Sumter County Animal Hospital to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my pet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sumter County Animal Hospital

527 S. Main Street

352-748-5454