**BOARDING RELEASE FORM**

Owner’s/Authorized Agent’s Name:

Boarding dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Relationship to owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccines/Parasites**

In order to protect the health of your pet, this facility requires that all boarding pets have the following:

* DOGS: current rabies, DAPPL, Bordetella, yearly heartworm test
* CATS: current rabies and FVRCP FeLV vaccines
* ALL: flea and tick prevention, spayed or neutered, free of internal parasites

If any of your pets’ vaccinations are past due, they must be inoculated 6 DAYS before boarding to be effective. Pets that have not had their full puppy/kitten shots will not be boarded at this facility.  **If your pet was vaccinated elsewhere, proof of vaccination must be provided within 4 days from date reservation made. Failure to adhere to vaccination protocol wll result in your reservation being cancelled.**

**Diet**

Pets are fed Royal Canin foods while boarded. If your pet is on a specific diet, please bring a labeled, sealable container with feeding instructions.

**Medications**

If your pet will be receiving medication, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian’s phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

**Statement of Kennel Policies**

* Pets must be picked up/dropped off during the following times.
  + Monday, Tuesday, Thursday, Friday 7:30am to 8:00am, 10:00am-12:00pm, 3:00-5:30pm
  + Wednesday 7:30-8:00am, 10:00am-12:00pm
  + Saturday 7:30-8:00am
  + Discharges after hours are not allowed. No pick-ups or drop-offs Saturday evening or Sunday all day. Charges will be added for those pets not picked up on the scheduled pick up day.
* This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments.
* If my pet(s) become(s) ill, I request that Deuel Vet provide all medical/surgical treatment it deems necessary. I acknowledge that in the event of my pet’s illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
* I certify that my pet(s) is free of contagious disease and has not bitten anyone in the past 10 days.
* I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.
* **Fee Schedule: Boarding is $20/day** I agree to make full payment at the time of discharge

**I have read the above and I am in full agreement. I am 18 years or older.**

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| Signature of Owner or Authorized Agent |  | Date |