

# BOARDING RELEASE FORM

**BridgeMill Animal Hospital**  
9560 Bells Ferry Road  
Canton, GA 30114

Data: \_\_\_\_\_ Name: \_\_\_\_\_  
Client ID #: \_\_\_\_\_ Species: \_\_\_\_\_  
Owner: \_\_\_\_\_ Breed: \_\_\_\_\_  
Street: \_\_\_\_\_ DOB: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Sex: \_\_\_\_\_  
Phone: \_\_\_\_\_ Color: \_\_\_\_\_

Best number to contact owner: \_\_\_\_\_ Emergency contact (In the event that owner cannot be reached): \_\_\_\_\_

Name	Number
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Today's Date: \_\_\_\_\_ Date of pick-up \_\_\_\_\_ am \_\_\_ pm \_\_\_  
Person picking up pet if other than owner \_\_\_\_\_

**Bath** Yes / No    **Medication** Yes / No    **Scheduled Grooming** Yes / No    **Nail Trim Only** Yes / No

**Personal Items Left** (circle all that apply) Bed   Toy(s)   Food   Bowls   Carrier   Other \_\_\_\_\_

**Feeding Schedule:** AM / PM   Quantity each feeding \_\_\_\_\_   **Preferred Diet:** Hospital Food   Brought from home

**Extra Play Time** (\$6.00 each)   Once Daily \_\_\_\_\_   Twice Daily \_\_\_\_\_   Other: \_\_\_\_\_

**Puppy Pops (Frozen Dog Treats)** (\$1.00 each)   Once Daily \_\_\_\_\_   Twice Daily \_\_\_\_\_   Other: \_\_\_\_\_

Special Instructions/Other Requests – include detailed medication, feeding instructions and anything you wish the doctor to check \_\_\_\_\_

## Vaccination/External Parasite Policy

To ensure the protection of all pets under our care, the following vaccinations must be current:

**DOGS:**    DAPP   RABIES   BORDETELLA   FLU                      **CATS:**    FVRCP   RABIES

**\* If fleas are found on your pet, a Capstar tablet will be given and the fee will appear on your invoice.**

## Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available. If your pet becomes ill, we will call the above emergency number(s) regarding your pet's symptoms, treatment options and estimates for additional services. If no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve any important medical condition. **Please initial emergency directive below:**

\_\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care for my pet until someone can be reached by telephone. This includes only non-elective treatments and necessary diagnostic testing.

\_\_\_\_\_ I authorize up to: (circle one) \$50   \$100   \$200   Other \$ \_\_\_\_\_

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

***We are not liable for any lost items such as toys, bedding, blankets, etc.***

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date and pay in full at that time. If circumstances change, I will notify BridgeMill Animal Hospital of a new pick-up date.

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