

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: _____