

## BOARDING RELEASE FORM

NAME: \_\_\_\_\_

CHECK IN: \_\_\_\_\_ CHECK OUT: \_\_\_\_\_

BELONGINGS: \_\_\_\_\_

TREATMENTS: \_\_\_\_\_

FOOD: \_\_\_\_\_

MEDS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned owner or authorized agent of the animal named above, hereby authorized Affordable PetCare Hospital, and its staff, to perform any medical and/or surgical treatment necessary for the health of my animal during his/her stay including vaccinations that are due or not properly documented. **I also understand:**

**-There may be an additional charge for bathing or de-fleaing my pet, if necessary for parasites (fleas or ticks) or soiling.**

**There may be an additional \$6.75/night charge applied for:**

**A) Soiled Cages B) Intact male dogs and cats C) In heat females**

- If no contact is made on expected pick up date, a certified letter may be mailed to your last known address. You will have 10 days to respond. After the 10 days, the pet is considered abandoned and becomes Affordable PetCare Hospital's property.

- I accept financial responsibility for treatment of the above named animal, and I understand that the payment is due in full unless prior arrangements have been agreed upon, and documented by, Affordable PetCare Hospital.

- **PLEASE NOTIFY US IF YOU ARE DELAYED**, so we will be prepared to keep your pet until your return. **If boarding over a one month, a deposit may be required**

WOULD YOU LIKE YOUR PET GROOMED OR BATHED PRIOR TO PICK UP AT AN ADDITIONAL COST? YES OR NO

OWNER OR AGENT- \_\_\_\_\_

EMERGENCY CONTACT NUMBER- \_\_\_\_\_