

Overnight Release Form

Pet Name _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of internal and external parasites (ex: ticks, fleas, etc.), or they will be treated at owner's expense.
3. has my permission to do whatever is necessary should an issue arise.
4. If a tranquilizer is necessary for treatment or handling, has my permission to administer such medication.
5. Pets may be picked up before 6 PM Monday through Friday, and before 2:00pm on Saturdays we are open. No exceptions.

I certify that my pet (if dog) is current on Bordetella to prevent a “Whooping Cough” respiratory infection. My pet may exhibit symptoms of the infection even if current on Bordetella because he/she may be a carrier. The infection being stress induced can cause such symptoms to occur during or after their stay here. It is more likely for my pet to exhibit such symptoms if the Bordetella was administered nasally rather than injected.

If your pet is experiencing flu-like symptoms or other respiratory problems (ex: coughing, hacking, high fever, nasal discharge) during or after their stay here, ELLISON DRIVE ANIMAL HOSPITAL is not responsible for the cost of treatment. We **HIGHLY** recommend your pet be current on the Influenza Vaccine up to 2-3 months prior to boarding. If the vaccine is too recent upon arrival, your pet’s body has not built up enough immunity to fight the infection. Canine Influenza is highly contagious, and if not treated can cause long term scars on the lungs, or even death. **Every dog and cat that will be staying in the clinic will be given a pill called Advances or Capstar to kill fleas, regardless if you pet is current on a monthly flea prevention. Cost to owner is \$5.00**

I agree to make complete payment on this boarding facility at the time of discharge. I certify that my pet appears free of contagious diseases and has not bitten anyone in the past ten days. If pet does show aggression while boarding and bites and employee, owner is responsible for rabies quarantine and will not be allowed to board at facility again. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with the requirements of state law, and that doing so does not relieve me of my financial obligations to this facility.

*All **grooming services** will incur additional charges, and by signing you understand and comply with these additional charges.

I have read the boarding requirements and understand the hospital's policies.

Owner Name _____

Signature _____

Date _____