



Boarding Release Form

Drop Off Date _____ Pick Up Date _____

If picking up Sunday, I understand that Sunday is a charged boarding day, and pick-up is between 5:00-5:30 only. _____

Client _____

Pet _____ Bath/Nail Trim Yes ___ No ___ Other _____ *(Additional Cost)*

Medications and Instructions _____

Feeding Instructions: Own / Kennel Amount: _____ AM / PM / Free Feed

Pet _____ Bath/Nail Trim Yes ___ No ___ Other _____ *(Additional Cost)*

Medications and Instructions _____

Feeding Instructions: Own / Kennel Amount: _____ AM / PM / Free Feed

I would like my pets to board: Together / Separate

Requirements for boarding:

1. All animals must be **current on vaccines** according to Kindness Small Animal Hospital Protocols (RV/DHPP/Bordetella)
2. All animals must have record of a Negative Fecal exam within the last 12 months.
3. All animals must be free of external and internal parasites or they will be treated at owner's expense.
4. If pets are not vaccinated at least **five days prior to boarding**, KSAH will not be held responsible for development of illness related to boarding.

This is signed with an understanding that if a medical condition arises, the doctors of Kindness Small Animal Hospital will make an attempt to contact you at the number(s) listed below. If they are unable to reach you, this is serving as a contract to administer the treatment(s) deemed necessary for the medical condition for which you are financially responsible. **If personal belongings are left, Kindness Small Animal Hospital cannot accept responsibility if lost or damaged.**

I accept full financial responsibility for the services rendered on behalf of this patient. I understand that payment is due in full upon release of this patient and that payment may be made by cash, check, Visa, Master Card, Discover, American Express or Care Credit. **I understand that Kindness Small Animal Hospital does not have a payment plan, extended credit plan, or billing policy.**

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

Signed _____ Emergency Number _____