

Underhill Animal Hospital

4900 Lake Underhill Rd • Orlando Florida 32807 • (407)277-0927

BOARDING RELEASE FORM

Client ID:
Client Name:
Address:

Patient ID:
Name:
Breed & Sex:
Weight:
Age:

Telephone: () -

Check- In Date: _____ Check- Out Date: _____

Emergency Contact #1 Name: _____ Phone: _____

Emergency Contact #2 Name: _____ Phone: _____

MEDICATIONS: \$1.50 per administration; Only applies if your pet requires medication, treatment and monitoring by staff.

Name of Drug:	Dosing Instructions	Date & Time Last Given

Do you Consent to Pro-Pectalin (Nutraceutical) should your pet experience diarrhea while boarding

FEEDING Instructions: Unless indicated otherwise, pets will be fed Royal Canin Gastro Intestinal Diet

Name of Food	Quantity Fed	How Often?

SPECIAL SERVICES:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Extended Playtime | <input type="checkbox"/> Treat Time |
| <input type="checkbox"/> Departure Day Bath | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Groom (Cut & Style)- Groomer Quote | <input type="checkbox"/> |

In order to maintain a clean sanitary environment, **we provide bedding for boarders** so that all bedding can be washed daily. *Please refrain from bringing beds, blankets, and toys.* Underhill Animal Hospital will **NOT** be responsible for personal items left with pets. **PLEASE TAKE ALL LEASHES, COLLARS, ETC WITH YOU WHEN YOU LEAVE.**

Requirements and Authorization to Board

In order to maintain a healthy boarding environment, pets **MUST** meet the following requirements:

- Annual Wellness Exam
- Current on vaccines (**CANINE:** Rabies, DHPPC +/- Lepto, Bordetella, Canine Influenza; **FELINE:** Rabies, +/- FVRCP)
- Fecal
- Free of external parasites (fleas and ticks); if found your pet will be treated automatically at your expense.

As the owner or responsible agent of the above named animal, I give UNDERHILL ANIMAL HOSPITAL permission to treat, prescribe medication or otherwise care for him or her as deemed medically necessary. I am aware that if any problems, medical or otherwise, should occur, UNDERHILL ANIMAL HOSPITAL will attempt to contact me or my emergency contacts. In the event that I or my emergency contacts can not be reached, UNDERHILL ANIMAL HOSPITAL will act on my behalf to provide the necessary care and treatment of my pet at my expense.

I have read the boarding requirements and understand Underhill Animal Hospital's policies.

Signature: _____ Date: _____

**** Photo Release:**** I hereby give my consent to UNDERHILL ANIMAL HOSPITAL to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my pet.

Signature _____