

# Underhill Animal Hospital

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

## BOARDING RELEASE FORM

Client Name:

Address:

Telephone:

Name:

Breed & Sex:

Weight:

Age:

Check- In Date: \_\_\_\_\_ Check- Out Date: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATIONS:** \$1.75 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 Science Diet Sensitive Stomach and Skin*

Name of Food	Quantity Fed	How Often?

**SPECIAL SERVICES: (Additional charges)**

Departure Spa Package \*\*SEE NOTE BELOW

Nail Trim

Anal Gland Expression

Groom (Cut & Style)- Groomer Quote

**\*\* WE DO NOT START SPA PACKAGE'S UNTIL 9:30AM \*\***

**IN ORDER TO MAINTAIN A CLEAN AND SANITARY ENVIRONMENT, WE PROVIDE ALL BEDDING NEEDED FOR THE COMFORT OF YOUR PETS WHILE BOARDING. IF YOU CHOOSE TO LEAVE ANY PERSONAL BELONGINGS UNDERHILL ANIMAL HOSPITAL WILL NOT BE HELD LIABLE OR RESPONSIBLE FOR ANY LOST OR DAMAGED ITEMS. PLEASE TAKE ALL LEASHES, COLLARS, BEDDING, ETC. WITH YOU WHEN YOU LEAVE. INITIAL: \_\_\_\_\_**

### 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 even 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: \_\_\_\_\_