

Little River Animal Hospital
15710 Birmingham Hwy, Milton GA 30004
BOARDING RELEASE FORM

In case of illness, anxiety, or injury, I the undersigned, do hereby give my consent for the doctors of Little River Animal Hospital (LRAH) to treat, prescribe for, or operate upon my pet(s) while being boarded at LRAH.

LRAH will use all responsible precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner, under the circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date that I have stated as the pick-up date, I understand that written notice will be mailed to the most recent address I have provided to the clinic. Seven days after such written notice the pet(s) will be considered abandoned and will be considered property of LRAH and will be dealt with as LRAH deems best. Is it further understood that such action will not relieve me from paying all cost of services rendered and the use of LRAH, including the boarding service and legal fees.

Please be advised that upon arrival all pets will be checked for fleas. If fleas are found, a bath and medication will be given at the owner's expense. This ensures other pets at LRAH will not get fleas. In addition, **it may be necessary to administer a clean-up bath, at the owner's expense**, to maintain sanitary conditions for your pet and the kennel. This will only be done if absolutely necessary, in order to prevent infection or other health problems that can occur if your pet's skin remains in contact with urine and/or feces. This is most necessary for young puppies, old or infirm pets, and nervous pets. Please see the front office or kennel staff if you have questions.

If your pet requires a prescription diet, it will need to be provided by the owner at the time of check-in or purchased from the clinic. If a pet develops loose stool due to stress or medical reasons or chooses not to eat the diet the owner has provided, a prescription diet will be administered at the owner's expense. Any medications prescribed to, or required for your pet, will have an administration fee of \$6.00 per dose. Any dogs that require special handling by a technician due to medical or behavioral needs will have an administration fee of \$6.00 per treatment.

If I am unable to provide written proof of current vaccination, including DA2PLP, CCV, Bordetella, Rabies, or fecal within the last year, my pet will be vaccinated at my cost.

Diet Brand/Type _____ Amount _____
Frequency of feeding: Once Daily AM PM or Twice Daily

Known aggression or anxiety issues? NO/YES **Flight Risk?** NO/YES

If yes, please explain: _____

Diarrhea NO/YES **Vomiting** NO/YES **Sneezing** NO/YES **Coughing** NO/YES

FRONT OFFICE USE ONLY

Pet's Name _____ Bath/Groom ____/____/____ No Bath

Emergency Phone Contact(s) _____

Belongings/Special Instructions _____

Medical needed _____

Playtime _____

Medications _____

ADMIN MEDS (date/time last dose) _____

Arrival Date ____/____/____ Depart Date ____/____/____

TECH WALK (___) TECH FEED (___) Facility RUN CAGE CAT TECH MED HALL

Vaccinations are current YES NO PENDING PREP int. _____ **CHK IN int.** _____

I HAVE READ AND AGREE TO ALL OF THE ABOVE TERMS:

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Signature

Date