

BOARDING RELEASE FORM

In case of illness or injury, I the undersigned, do hereby give my consent for the doctors of **Peachtree Corners Animal Clinic (PCAC)** to treat, prescribe for, or operate upon my pet(s) while being boarded at **PCAC**.

PCAC will use all reasonable 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 **PCAC** and will be dealt with as **PCAC** deems best. It is further understood that such action will not relieve me from paying all cost of services rendered and the use of **PCAC**, 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 will be given at the owner's expense. This ensures other pets at **PCAC** will not get fleas.

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. A list of non-prescription foods that we feed at **PCAC** is available at the front office. 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. Also, please be advised that any medications prescribed to or required for your pet, will have an administration fee of \$3.50 per each dose.

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 any questions. If I am unable to provide proof of current vaccination, including DA2PLP, CCV, and Rabies within the last year, and Bordetella within the last 6 months, my pet will be vaccinated at my cost.

Please be advised that **PCAC** will charge a half day of boarding to any pet that is picked up after 2 pm, unless a boarding bath is requested, in which case the half day amount is waived.

Diet Brand/Type _____ Amount _____

Frequency of feeding: Once daily AM OR PM or Twice daily

Other (please specify) _____

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 and/or Contact: _____

Date of last vaccination ___/___/___ Where given _____ Phone _____

Medical needs/Medications _____

ADMIN. MEDS () time/date of last dose _____

TECH WALK () TECH FEED() Arrival date ___/___/___ Depart date ___/___/___ Facility: RUN CAGE CAT

Weight at arrival _____ lbs **Vaccinations are current** YES NO PENDING PREP int. _____ CHK IN int. _____

Check for fleas () int. _____ Results: no fleas found () fleas found/ bath required ()

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

Signature

Date