

LITTLE RIVER ANIMAL HOSPITAL
15710 Birmingham Hwy, Alpharetta Ga 30004
BOARDING RELEASE FORM

In case of illness or injury, I the undersigned, and 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 will be given at the owner's expense. This ensures other pets at LRAH 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 LRAH 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 administer 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 \$2.25 per 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 you 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 I am unable to provide written proof of current vaccination, including DA2PLP, CCV, Fecal Exam, 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 LRAH will charge a half day of boarding to any pet that is picked up after 2pm unless a boarding bath is requested, in which the half day amount is waived.

Diet Brand/Type _____ Amount _____

Frequency of feeding: Once Daily: AM PM or Twice Daily

In the event that boarding is too stressful for my pet, I authorize the doctors to administer a sedative.

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 _____

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

Medical needs/Medications _____

ADMIN MEDS () time/date of last dose _____

Arrival Date ___/___/___ Depart Date ___/___/___ Facility RUN CRATE CAT TECH

Vaccinations are current: YES NO PENDING PREP int. ___ CHK IN int. ___

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

Signature _____

Date _____