

# LAKESIDE ANIMAL HOSPITAL

## Boarding Release Form

Client ID : \_\_\_\_\_

Patient ID : \_\_\_\_\_

Client Name : \_\_\_\_\_

Name : \_\_\_\_\_

Spouse : \_\_\_\_\_

Species : \_\_\_\_\_

Address : \_\_\_\_\_

Breed : \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Sex / Altered : \_\_\_\_\_ / \_\_\_\_\_

Telephone : \_\_\_\_\_

Birth Date : \_\_\_\_\_

Doctor: \_\_\_\_\_

date: \_\_\_\_\_

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of this hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the hospital.

The Dr's are to 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 whatever, under any circumstances, as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as the hospital deems appropriate. It is further understood that such action will not relieve me from paying all costs of the services, including the cost of the boarding service.

My pet has been fully vaccinated within the last 12 months and vaccinated against Kennel cough within the last 6 months. If I cannot show proof of such vaccinations, then I understand that LAKESIDE ANIMAL HOSPITAL will administer those vaccinations required for the boarding of my pet(s). I understand my pet will receive a required bath upon discharge and the charge will be added to my final invoice.

I have read and understand the authorization and consent.

Begin boarding date \_\_\_\_/\_\_\_\_/\_\_\_\_ End boarding date \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone number where the owner can be reached\_(\_\_\_\_)\_\_\_\_\_

I UNDERSTAND THAT AS A PREREQUISITE TO MY ANIMAL BEING ADMITTED, VACCINATIONS MUST BE CURRENT AND THAT MY PET MUST BE FREE OF EXTERNAL AND INTERNAL PARASITES (FLEAS, TICKS, WORMS, ETC.) OR THESE WILL BE CORRECTED AT ADMISSION AND CHARGED ACCORDINGLY. HOSPITAL IS NOT RESPONSIBLE FOR ANY FOODS, TOYS, LEASHES, COLLARS OR SIMILAR ITEMS AND WE DISCOURAGE CLIENTS FROM LEAVING THESE ITEMS AT THE HOSPITAL.

I am the owner, or am authorized by the owner, to make medical and financial decisions for the above named animal. I am over eighteen years of age and have the authority to execute consent to all of the acknowledgements stated previously.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of owner/authorized representative\_\_\_\_\_