

# Largo Veterinary Hospital

## Boarding Release Form

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

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

Contact Number: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

Please provide a contact person that can be reached in an event of an emergency.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

\_\_\_\_\_ In case of illness, injury, environmental, or dietary changes, I understand and do hereby give authorization and consent for Largo Veterinary Hospital to treat and prescribe for while they are boarding for any conditions that may arise during their stay. The hospital will not be held financially responsible if these conditions occur. Reasonable attempts will be made to the contact numbers provided. I understand there will be fees that may include medications and/or food dispensed and will be charged accordingly if conditions occur.

\_\_\_\_\_ My pet must be fully vaccinated and parasite test up to date. If I cannot show proof of such, I give permission to the hospital to administer vaccines and testing required for boarding.

Required for Dogs: Da2PPv, Bordetella, Rabies, Heartworm Test, Intestinal Parasite Screen

Required for Cats: FVRCP, Rabies, Intestinal Parasite Screen

\_\_\_\_\_ All pets must be free of external parasites such as fleas and ticks. Pets will be treated appropriately at owner's expense if not current on prevention or have external parasites present at check in.

\_\_\_\_\_ Please understand if I have chosen to leave some of my pet's belongings, Largo Veterinary Hospital will not be held liable if items should accidentally get misplaced, lost, or damaged.

Name of Heartworm and Flea Prevention(s) and date given: \_\_\_\_\_

Beginning Boarding Date: \_\_\_\_\_ End Boarding Date: \_\_\_\_\_ Time of Pickup: \_\_\_\_\_

Any existing illnesses or problems: \_\_\_\_\_

Brought Own Food:    Y    N

Brand of Food: \_\_\_\_\_ How often pet is fed: \_\_\_\_\_ Pet's Last Meal: \_\_\_\_\_

Did you bring your pet's medication:    Y    N    Refills needed while your pet is here: \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

How often medication(s) is administered and last dose: \_\_\_\_\_

Personal belongings left for pet: \_\_\_\_\_

I would like a bath done prior to pick up:    Y    N    (Please note pick up will have to be after 2pm so your pet can dry)

Please notify us if there are any changes in plans such as scheduled release date. Boarding rates are calculated on a per night basis. Payment in full is expected when your pet is discharged.

I have read and understand Largo Veterinary Hospital's boarding policies and procedures.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_