

## ANNUAL BOARDING RELEASE FORM

Montrose Animal Hospital thanks you for allowing us the opportunity to care for your pet while you're away. We provide a supervised, climate-controlled, clean and safe environment for your dog or cat to board in comfort. To ensure that we fulfill your pets' every need, please fill out the form and sign below.

Owner's Name: \_\_\_\_\_ Patient: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Basic Information:

- Drop-off times are Monday through Friday 7:00am-4:00pm. Saturday, 8:00am-2:00pm. There are no drop-offs on Sunday. Pets needing hospital services or medications need to be checked in by 2 pm.
  - A \$15.00 late drop-off fee will apply 10 minutes after required drop-off time.
  - We offer Sunday pick-up between 1:00-3:00pm. If you pick up on Sunday, you are charged for Sunday and charges will be applied to your credit card on file.
  - All reservations require a credit card number. We require 48 hours cancellation notice; otherwise you will automatically be charged a cancellation fee to your credit card on file.
  - If you bring your pets' own food, we recommend that you pre-package it for each feeding.
  - We ask that you do not bring toys or bedding from home. We will provide bedding and furnish toys for playtime.
- WE DO NOT ALLOW BULLY STICKS, NYLA BONES, KNUCKLE BONES, RAWHIDES OR ANYTHING SIMILAR FOR SAFETY.**
- Check-out time is at noon on the day of pick-up unless your pet is receiving bathing services that day. Pets picked-up after noon will be charged an additional day of boarding.  
Canine vaccine requirement: Rabies, Distemper, Leptospirosis, Bordatella(Kennel Cough), Canine Influenza  
Feline vaccine requirement: Rabies and Distemper  
All pets will be checked for fleas and ticks and monitored for internal parasites and treated as necessary at owner's expense. **PLEASE MAKE SURE YOUR PET IS CURRENT ON FLEA/TICK PREVENTATIVE**  
If your pet requires medications, fluids or insulin injections during their stay, we can administer them at an additional fee.

### Treatment Authorization if an emergency arises:

I authorize alternate contacts given at check-in to act as my representative regarding the care of my pet in the event that an emergency arises and I cannot be reached. I understand that Montrose Animal Hospital will use reasonable care to reach me and if they cannot they will then attempt to reach my alternative representative.

Alternate contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

**I authorize Montrose Animal Hospital to do whatever is deemed necessary should a medical emergency or non-emergency problem present itself and neither I nor my representative can be reached. I give permission to the Doctors and Staff to treat according to their discretion which may include, but not limited to anesthesia, surgery, pain management, transporting to emergency facilities for further treatment and/or monitoring. I agree and understand that I will be financially responsible for all services rendered towards my pets' medical care.**

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