

## 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:

- Check in time Mon-Sat is 9:00am-2:00pm with a 1 hr. grace period. **Pets needing vet services or medication should be in by 2:00 pm Mon-Fri and 1 pm on Sat.** We do not offer Sunday drop off.
- A \$15.00 fee will apply 10 minutes after required check in time and all check ins before 9 am.
- 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 prior to your check in date to cancel, otherwise you will be automatically charged a cancellation fee to your credit card on file.
- If you bring your pets food, we ask that you pre-package each feeding.
- **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, RAW HIDES, ANTLERS OR ANYTHING SIMILAR FOR SAFETY PERCAUTIONS.**
- Check-out time is by 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 Annual Vaccine Requirement:** Rabies, Distemper, Leptospirosis, Bordetella (Kennel Cough), Canine Influenza

**Feline Annual 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 PREVENTION**

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 means to reach me and if they cannot they will then attempt to reach my alternative representative. If I cannot be reached, I authorize Montrose Animal Hospital and its employees to treat my pet and to contact me:

- ☐ If there are any changes in my pets health status, even minor changes.
- ☐ Only if a serious matter arises. Please use your discretion.

**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: \_\_\_\_\_