

**All Species Animal Hospital
4075 Pleasant Hill Road
Duluth, GA 30096
678-475-1262
Boarding Release Form**

Client Name: _____ **Pet Name:** _____
Date: _____ **Client #:** _____ **Telephone #:** _____
Species: _____ **Breed:** _____ **Age:** _____ **Weight:** _____

Doctor: Garry P. Innocent

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

This hospital is not responsible for loss or damage to any property left with the pet.

It is agreed if the owner requests that pets be boarded together, pets will be separated if they show signs of aggression towards one another and, therefore, individual boarding fees will be charged.

All dogs must be up to date (within the last 11 months) on Distemper, Parvo, Corona, Rabies, Bordetella vaccines, heartworm and fecal tests. It is the responsibility of the owner to provide proof. If proof of vaccinations is not provided, vaccinations will be given to the pet at the owner's expense.

All admitted animals must be free from fleas and ticks. Upon admission, if fleas and ticks are observed, we reserve the right to apply flea/ tick prevention (Capstar) and charge isolation boarding at the owner's expense.

Other procedures authorized while boarding: _____

Begin Boarding Date: _____ End Boarding Date: _____ Pickup Time: ____AM ____PM

Any animal boarded without 24-hour notice, before 8:00am or after 6:00pm will be subject to an emergency boarding fee of \$225.

Any animal boarded before 8:00am or picked up after 6:00pm will be charged an additional day of boarding fees.

Bath/ Grooming: YES NO (If yes, your pet will be ready after 3:00pm on departure day. Additional bath/ grooming fees apply.)

Special Diet? YES NO Feeding Instructions: _____

Medications? YES NO Directions: _____
(Additional fees of \$5-\$50 per day apply.)

All condo/suite fees are at least \$70.00 per night depending on your pets' weights. ALL UNALTERED PETS OVER 6 MONTHS WILL BE CHARGED AN ADDITIONAL \$5.00 FEE PER NIGHT.

Emergency Contact Information

Name: _____

Phone Number: _____

I have read and understand the authorization and consent to the provisions herein listed. I authorize All Species Animal Hospital to obtain my pet's medical history and records from outside facilities.

Signature of Owner: _____ Date: _____