

**All Species 24 Hour Animal Hospital**  
4075 Pleasant Hill Rd  
Duluth, GA 30096  
678-475-1262

**Boarding Release From**

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

Date: \_\_\_\_\_ Client # \_\_\_\_\_ Telephone: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Doctor: Dr. Garry 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 boarding at the hospital. I understand I am responsible for all charges incurred.

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

It is agreed that pets that are boarded together will be separated if they show signs of aggressiveness towards one another and, therefore, separate boarding fees may be charged.

All dogs must be up to date on Distemper, Parvo, Corona, Rabies, Kennel cough vaccinations and fecal float, and Heartworm test. All cats must be up to date Feline Distemper, Calici, Chlamydia, Leukemia and Rabies vaccinations and fecal float. It is the responsibility of the owner to provide proof. If proof of vaccinations is not provided, vaccinations will be given at owner's expense.

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

Other procedures authorized while boarding \_\_\_\_\_

Begin boarding date \_\_\_\_\_ End boarding date \_\_\_\_\_ pickup time \_\_\_\_\_ AM \_\_\_\_\_ PM

**Any animal boarded before 7:00 am or picked up after 6:00 pm 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 fees apply.)

Special Diet? \_\_\_\_\_

Medications? YES NO Directions \_\_\_\_\_ (Additional fee of \$5-\$15/per day applies)

All condo fees are \$70.00 per night. ALL UNALTERED PETS WILL BE CHARGED AN ADDITIONAL FEE OF \$5.00 PER NIGHT.

Emergency contact name & number \_\_\_\_\_

I have read and understand the authorization and consent to the provisions herein listed. I authorize All Species 24 Hour Animal Hospital to obtain my pet's medical history and records.

Date \_\_\_\_\_ Signature of owner \_\_\_\_\_