

 **Staff Use Only:**

* Billed
* Scanned/Attached

\_\_\_\_\_Staff initials

 Place label here

Can you be reached while away?

If yes which is best? (circle one)  Main #   Cell #    Text Message  Email:                                         Other

**South Arundel Canine Boarding Release Form**

Check-in Date:                                             Check-out Date:

In case of an emergency contact name & phone number:

Date of last flea/tick preventative application:                                        Flea/Tick product used:\_\_\_\_\_\_\_\_\_\_\_\_

**If we see any fleas on your pet while boarding, he or she will be treated at your expense.**

Is your animal thunder phobic?                     If yes, describe his/her reaction & how you usually handle it:

**GROUP PLAY**

Does your dog get along with other dogs? YES NO

If yes do you authorize group playing? YES NO Initials\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**      Are you providing your own detailed medication sheet:    Yes     No

Please list your pet’s medications here:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last time given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last time given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last time given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last time given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Feeding Instructions**

Does your pet have any food allergies OR restrictions?    **Yes    No**      If yes explain:

**Quantity**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How often?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time of last meal**:\_\_\_\_\_\_\_\_\_\_\_

Does your dog shred toys, pull out stuffing, or destroy beds? Yes No

**Belongings** What other belongings are you dropping off with your pet?  **We recommend labeling all belongings.**

**Any Special Instructions or Notes:**

**Pet is due for the following services (required for boarding):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you authorize us to complete these items (circle one)** YES NO **Initial here** \_\_\_\_\_\_\_\_\_\_

**Additional services available- please initial if requested (additional charges apply):**

\_\_\_\_\_\_\_\_Extra walk

\_\_\_\_\_\_\_\_15 min playtime

\_\_\_\_\_\_\_\_Bath with technician (includes nail trim and ear cleaning)

\_\_\_\_\_\_\_\_Nail trim only

\_\_\_\_\_\_\_\_Anal Gland expression

\_\_\_\_\_\_\_\_Exam by veterinarian

**Grooming services:**

\_\_\_\_\_\_\_\_Professional Grooming (includes bath and haircut, nail trim, ear cleaning, and anal glad expression)

Grooming Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_Extra Brush out

\_\_\_\_\_\_\_\_Furminator treatment

\_\_\_\_\_\_\_\_Nail grinding (dremel)

\_\_\_\_\_\_\_Teeth brushing

 **Please initial that you have read and agree to the following:**

\_\_\_\_\_\_\_\_\_I understand that my pet must maintain a once yearly exam at VCA South Arundel Animal Hospital. Pet must also have a fecal sample checked for parasites every 6 months, as well as updated vaccines.

\_\_\_\_\_\_\_\_\_Should illness, injury, or circumstances warrant the need for emergency services, I understand that the hospital will try to contact me or the individual indicated as the emergency contact before treatment, but must exercise the option to proceed if no one is available for clearance.  I understand that I will be responsible for all charges incurred for such treatment for my pet.

**Signature                                                                                                 Date**

 **Staff use only (initial when completed):**

CSR check-in: \_\_\_\_\_\_\_\_\_\_\_ Tech check-in\_\_\_\_\_\_\_\_\_\_\_\_\_

Kennel size: \_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd tech check\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s weight\_\_\_\_\_\_\_\_\_\_\_\_\_ All services were provided (tech) \_\_\_\_\_\_\_\_\_\_\_\_