

LINDERMAN ANIMAL HOSPITAL – BOARDING RELEASE FORM-2024

Owner's name: _____ Pet name: _____

Emergency Contact/Phone _____

Does your pet have medications that need to be given? If so, please list them here with the directions for use.

Did you bring any personal items (blankets, food, toys, etc.)? If so, please list them & their description here:

Would you like any services performed while your pet is boarding?

Annual Vaccines _____ Nail Trim _____ Express AG _____ Bath _____

Ear Cleaning _____ Permanent ID w/Microchip _____ Other (explain) _____

Surgery or special procedure (please explain) _____

****Boarding is a stressful situation for many pets. Stress can cause your pet to act differently than how they usually do in their home environment. Stress can also cause GI issues in pets.

Do we have permission to offer canned food if not eating, or give medication to help reduce stress/anxiety as well as stopping diarrhea due to stress as we see fit? (chose one option, can add cost limit if desired) Yes _____ (not to exceed cost of treatment \$ _____)

No: contact prior to any treatments _____

Animals may be picked up only during our normal office hours. We are open Monday through Friday from 8:00 a.m. to 5:30 p.m. Saturday, Sunday, and Holidays from 9:00 a.m. to 10:00 a.m.

I understand that:

- local laws require all cats and dogs to be current on Rabies vaccinations.
- additionally, it is the policy of Linderman Animal Hospital that all dogs boarding with us have current DHP-PV (Distemper, Hepatitis, Parainfluenza, Parvovirus) and Bordetella vaccinations and that cats have current FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia) vaccinations.
- If vaccines were given elsewhere, it is my responsibility to provide evidence of this to Linderman Animal Hospital before leaving my pet.
- If the hospital does not receive records that show that my pet is current on these vaccines, they will be administered, and I will be responsible for paying for them.

I hereby authorize Linderman Animal Hospital to perform any emergency procedure(s) or test(s) on my pet while in their care if I or other authorized parties cannot be contacted. I understand that Linderman Animal Hospital will not be held responsible for injuries, illnesses, or loss of the above pet if said injury, illness, or loss occurs while in the course of normal routine care and that my animal will be treated for fleas or other external parasites if found on arrival at the expense of the owner.

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) the above-named animal. I understand that full payment is due at the time of pickup. I understand that if I am a new client, I must make a 50% down payment at the time of drop off.

SIGNATURE Date*: _____

***This release is valid for one calendar year.**