

Trail Animal Hospital Boarding Policies and Release Form

Date: _____ Patient: _____ Client: _____

Do you have any changes in your address or telephone number? (Y or N) If yes, please write in the correct information here: _____

While your pet is staying with us, we assure you that he or she is receiving excellent care and our full attention.

VACCINATIONS: All boarders must have current vaccinations in order to board.

DOG	Date of last vaccination:	Update today:	CAT	Date of last vaccination:	Update today:
DA2PPLC	_____	Y or N	FVRCP	_____	Y or N
Rabies	_____	Y or N	Rabies	_____	Y or N
Bordetella(re-quired every 6 mo)	_____	Y or N	Leukemia (recommended yearly)	_____	Y or N

Test:	Date test last performed:	Update Today:
Fecal (required every 6 months)	_____	Y or N
Heartworm Test (recommended yearly)	_____	Y or N

Is your pet on monthly parasite prevention? Y or N

If yes which kind (heartgard, interceptor, other _____) Day of month administered _____

Is your pet on monthly flea prevention? Y or N

If yes which kind (comfortis, advantage, other _____)

PARASITES: To maintain a parasite free environment, all animals in the hospital with fleas, ticks, or intestinal parasites will be treated at the expense of the owner.

Feeding and Medications: All pets are fed Hills Science Diet. If you would like your own food served, please provide the necessary amount. Please provide us with the daily amount you feed your pet and number of feedings per day _____

Are any medications necessary while your pet stays with us? Y or N

Medication name(s) and dose: _____

Supplies and Toys: Please list any supplies that you are leaving for your pet while boarding. Trail Animal Hospital will not be held responsible for items lost or misplaced.

Emergency Treatment: In the event that my pet becomes ill during its visit, I hereby authorize any emergency treatment and/or administration of medication deemed necessary by Dr. Lista.

Pick-Up Times: Discharge times are between 2-6pm Monday thru Friday, unless other arrangements are made. If you know the date and time you would like to pick up your pet please list it here: Pick-Up Date: _____ Pick-Up Time: _____

Bath: All dogs will be bathed upon discharge and as needed while staying with us. Bath fee is \$20. I have read the boarding requirements and understand the hospital's policies.

Signature _____ Name: _____

Would you prefer we contact you by _____ phone _____ text _____ email

Contact information _____