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**Boarding Policies and Release Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Vaccinations:** For the safety of your pet and our staff, we require that all pets be up to date on vaccines in order to stay in the hospital.

**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 (required every 6 months) | **\_\_\_\_\_\_\_\_\_** | Y or N | Leukemia (recommended yearly) | **\_\_\_\_\_\_\_\_\_** | Y or N |

|  |  |  |
| --- | --- | --- |
| Test: | Date last preformed: | 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 Date administered: \_\_\_\_\_\_\_\_

**Feeding:** All pets are fed Hills Science Diet. If you would like your own food served, please provide the necessary amount. Provide us with the daily amount you feed your pet. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:** 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 the doctor.

**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.

**Pick-Up Times:** Discharge times are Monday thru Friday **2-7pm**, and Saturday **10am- 1pm.**

 Pick-Up Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-Up Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone  Text  Email