



# TRAIL ANIMAL HOSPITAL

SINCE 1957



## 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.

<b>DOG</b>	Date of last vaccination:	Update Today:	<b>CAT</b>	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 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 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.

**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.

**Medications:** Are any medications necessary while your pet stays with us? Y or N Medication name(s) and dose: \_\_\_\_\_

**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 \$25 for under 50lbs & \$35 over 50lbs.

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