



BOARDING DROP-OFF RELEASE

Client: \_\_\_\_\_ Chart #: \_\_\_\_\_
Address: \_\_\_\_\_
Client phone number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_
Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_
Date of drop off: \_\_\_\_\_ Date of pick up: \_\_\_\_\_
CHECK OUT TIME IS 12PM If you are unable to pick up by the check out time, you will be charged an additional night's fee.
Price per pet/per night. Dog Run: [ ] \$35.00 Cat Condo: [ ] \$20.00
Bathing is available (dogs only) for an additional charge of \$\_\_\_\_\_. [ ] Yes [ ] No
\*\*Check out time does not apply to pets being bathed

VACCINATION/PARASITE CONTROL INFORMATION
In order to protect the health and safety of all boarding pets, all pets must be currently vaccinated. Proof of current vaccination status is required in the form of medical records. If proof is not provided, pets must be vaccinated at an additional fee. Your pet is due for the following vaccines: \_\_\_\_\_

We strive to keep a parasite free environment. If your pet is found to have evidence of fleas, a dose of flea preventative will be applied for an additional cost. (Initial here) \_\_\_\_\_

FEEDING AND MEDICATION INSTRUCTIONS
1. Feeding Instructions- Food Name: 1: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_
Food Name: 2: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_
2. Medications: 1. Name: \_\_\_\_\_ Directions to Administer: \_\_\_\_\_
2. Name: \_\_\_\_\_ Directions to Administer: \_\_\_\_\_
3. Name: \_\_\_\_\_ Directions to Administer: \_\_\_\_\_
\*\*Fees for administering medications range from \$6.00 – 15.00 per day depending on type of treatment.
\*\*Absolutely no pet's belongings will be allowed to be dropped off with an exception to pet carriers.
\*\*Personal beds, toys and blankets are not permitted. Comfortable bedding is provided for all of our boarding animals.

EMERGENCY INFORMATION
In the event of an emergency, I can be contacted at the following number: \_\_\_\_\_
Please provide an alternative local emergency contact name and number: \_\_\_\_\_
IN THE EVENT OF A MEDICAL EMERGENCY, ALICIA PET CLINIC RESERVES THE RIGHT TO ACT IN THE PET'S BEST INTEREST AND TO PROVIDE ALL NECESSARY VETERINARY CARE FOR THE PATIENT. ALICIA PET CARE CENTER IS NOT PERSONALLY RESPONSIBLE FOR ANY SUCH ILLNESS OR INJURY, AND ALL ASSOCIATED CHARGES ARE THE RESPONSIBILITY FOR THE OWNER.
ANY ANIMAL LEFT FOR TEN DAYS PAST THE AGREED PICK-UP DATE MAY BE CONSIDERED ABANDONED AND TURNED OVER TO THE PROPER AUTHORITIES FOR PLACEMENT OR ADOPTION.

If, while boarding, your pet is found to have a minor medical condition (i.e.: ear infection, lump, skin infection), would you like to be contacted to approve any recommended treatment? [ ] Yes [ ] No
\*\*Pets will be treated, as necessary, in any situation deemed an emergency by our Doctors.

By signing this document, I agree to all the terms outlined in the boarding drop-off release.
Client signature: \_\_\_\_\_ Date: \_\_\_\_\_