



BOARDING DROP-OFF RELEASE

Client: _____ Chart #: _____
 Address: _____
 Client phone number: () _____
 Pet's name: _____
 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 \$30 fee.
 Price per pet/per night: Dog Run: \$75.00 Cat Condo: \$45.00
 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: _____
 In the event your pet runs out of food during their stay, your pet will be fed our House Dry food at no cost to you. (Initial here) _____
****If needed to administer medications/entice them to eat/or as a reward, your pet may be given peanut butter.** (Initial here) _____
 2. Medications: 1. Name: _____ Directions to Administer: _____
 2. Name: _____ Directions to Administer: _____
 3. Name: _____ Directions to Administer: _____
 **Fees for administering medications range from \$17.00 – \$39.00 per day depending on type of treatment.
 **We do not administer meds “as needed”. A consistent medication schedule is best for pets while boarding.
***Your pet's beds, toys & blankets are not permitted. We provide comfortable bedding for all 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: _____