

# Boarding Release



Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

1<sup>st</sup> Contact Phone #: \_\_\_\_\_ 2<sup>nd</sup> Contact Phone #: \_\_\_\_\_

Articles left for pet (include food): \_\_\_\_\_

Medications Taken on a Regular Basis: \_\_\_\_\_

Would you like a bath and/or nail trim for your pet? \_\_\_\_\_ Bath \_\_\_\_\_ Nail Trim

\_\_\_\_\_ Initial For your pet's protection, all vaccines must be current. Your pet must be free of internal and external parasites. If not, treatment will be done at your expense.

\_\_\_\_\_ Initial There is an \$8.00 late pick-up fee after 2:00 PM on pick-up day.

\_\_\_\_\_ Initial I understand that all dogs must be micro chipped in order to board at Metro Paws for safety precautions. Metro Paws does not have a fenced area for walking. Microchips are \$37.00--registration included.

\_\_\_\_\_ Initial I understand that if my pet is on any medication, there is a \$5.52 medication administration fee per day.

**Metro Paws Animal Hospital is not responsible for any personal belongings left with your pet.**

Accommodations will include lodging in specially designed cages or runs suited to the size of your pet. Feeding is twice daily (unless specified). Fresh water will be provided at all times. Your pet's quarters are cleaned and sanitized once daily. Dogs are walked 2-3 times daily.

**If your pet becomes ill and needs emergency medical care while boarding, would you prefer:**

(We will always attempt to contact you as soon as possible.)

\_\_\_\_\_ Perform any necessary medical procedures knowing all treatment will be done at my expense.

\_\_\_\_\_ Perform minimal medical treatment until I can be contacted.

\_\_\_\_\_ Do not perform any treatment unless you have contacted me first. By checking this box, I understand that if my pet is in critical condition, my pet could die or have irreversible harm. Metro Paws Animal Hospital not liable for care not administered when this option is selected.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Other persons with permission to pick up my pet: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_