

St. Francis Animal Clinic

Boarding Release Form

Owner: _____ Pet's Name: _____

Emergency Number: _____ Pick-up Date: _____

Has your address changed? Yes No

All animals will be bathed if notably dirty. All animals infested with fleas and/or ticks will be treated for the protection of other animals and charges made accordingly.

Initial

Proof of current vaccinations must be provided upon entry. If vaccinations are not current, your pet(s) will be brought up to date. This will include an exam if one has not been performed within 6 months or if a Rabies vaccine is needed.

Initial

Do you want your pet BATHED before going home? Yes No
This is done the day of pick-up, if date changes please notify staff.

Do you want your pet to see the Doctor prior to leaving? Yes No

MEDICATIONS

A daily nominal fee is charged for administration of medication(s) while boarding. This ranges from \$2-\$5 for most medications, depending on frequency and type. You must provide the medications.

Initial

Medication(s) to be given while boarding: _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the Doctors of St. Francis Animal Clinic to treat, prescribe for, or operate upon my pet(s) while they are being boarded at St. Francis Animal Clinic.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice the pet(s) will be considered abandoned and become property of St. Francis Animal Clinic. It is further understood that such action will not relieve me of financial responsibility.

We cannot be responsible for blankets, towels, toys, etc, that are brought in with pets and/or are damaged, soiled, or lost.

I authorize St. Francis Animal Clinic, its representatives and employees, the right to take photographs of my pet in connection with their Website and/or social media pages. Any personal information, such as my name, address, phone number, etc. will NOT be shared.

Signature _____

I will be responsible for all costs incurred from your services and use of your hospital, including the cost of the boarding service.

I have read, understand, and accept all of the above.

If you want someone else to make medical decisions for your pet(s) in your absence, please fill out our Medical Proxy Form.

Signature _____ Date _____