

# St. Francis Animal Clinic

## Boarding Release Form

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

Emergency Number: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

Had your address changed?  Yes  No

\_\_\_\_\_ All animals will be bathed if infested with fleas and/or ticks and charges made accordingly.  
*Initial*

\_\_\_\_\_ Proof of vaccinations must be provided upon entry. If vaccinations are not current your pet(s)  
*Initial* will be brought up to date.

Do you want your pet BATHED before going home? (must pick-up after 1pm)  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 fee is charged for administration of medication(s) while boarding  
*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 the *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 may be disposed of, or destroyed, as we deem necessary. 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 will be responsible for all costs incurred from your service and use of your hospital, including the cost of the boarding service.**

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

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