



Pleasant Hill Animal Hospital

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Duluth, GA 30096

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BOARDING RELEASE AGREEMENT

Client Name: _____

Pet(s) Name: _____

Dropping Off: ___/___/2014

Picking Up: ___/___/2014

___ Bath

___ Groom

___ Neither

Did you bring your pet's food? ___ Yes ___ No

If yes: Which brand? _____ Amount to be fed _____

Is your pet on any medication? ___ Yes ___ No

If yes, please complete the Medication Consent Form and bring their medication(s) with so we can administer them. Pleasant Hill Animal Hospital is pleased to administer your pet(s) medication at no extra charge. If a refill is needed to continue administering the medication, it will be charged to your account.

Does your pet require any medical services while here? ___ Yes ___ No

If yes, please explain: _____

I understand that my pet must be current on its vaccinations in order to board at Pleasant Hill Animal Hospital. Proof of vaccination is my responsibility. If proof of vaccination is not provided prior to my pet's stay at Pleasant Hill Animal Hospital, the doctor will perform a physical exam and administer vaccines to my pet at my expense in order to prevent the spread of illness between boarding pets, including my own.

REQUIRED VACCINES:	
DOGS:	CATS:
Rabies	Rabies
DHPP	FVRCP
KCV (Bordetella)	

If my pet(s) shows evidence of internal or external parasites, I understand my pet will be treated appropriately at my expense to prevent the parasites from spreading to other pets also boarding.

Pleasant Hill Animal Hospital will use all reasonable precautions against illness, injury or escape of my pet(s), however, I will not hold them liable or responsible in the care, treatment or safekeeping of my pet(s) as I understand that, by boarding my pet(s) at Pleasant Hill Animal Hospital, I assume all risks associated. These risks include, but are not limited to: Kennel Cough (Bordetella), upper respiratory infection, internal or external parasites, diarrhea, weight loss, etc.

In case of illness or injury, I do hereby give my consent for the doctors and staff of Pleasant Hill Animal Hospital to provide my pet with any medical and/or surgical treatment deemed necessary. I acknowledge that, while they will put forth reasonable effort, the hospital staff may not be able to contact me immediately. I hereby authorize the hospital and staff to initiate treatment of my pet until I can be reached. I agree to pay all expenses associated with said treatment until I can be reached to discuss further care/associated cost.

Should the circumstances arise that my pet(s) remain unclaimed for ten days after the date I have arranged for them to be retrieved, I understand that my pet(s) will be considered abandoned, and will be handled in accordance with Georgia State Law. I further understand that such action does not relieve me of my financial obligation to Pleasant Hill Animal Hospital.

I understand that Pleasant Hill Animal Hospital provides food and bedding for my pet(s) at no additional charge. Should I choose to leave any personal items with my pet, (food, toys, blankets, bowls, etc.) I will not hold Pleasant Hill Animal Hospital liable or responsible for the return of such items.

I understand that I am responsible for notifying Pleasant Hill Animal Hospital of any changes in medical history, contact information, medication, diet, etc. Failure to do so could result in the improper care of my pet.

By signing below, I certify that I am the owner or responsible agent for the owner of the pet listed above. I further affirm that I have read, understand, and agree to the terms set forth above.

Emergency #: _____

Signature of owner/agent

Date