

Bon Air Animal Hospital
2749 McRae Rd
Richmond VA, 23235

Boarding Release Form

Thank you for giving us the opportunity to care for your pets.
So that we may provide the best care for your pet, please complete the following:

Name: _____

Patient Name: _____

Address: _____

Breed: _____

Color: _____

Phone #: _____

Alternate Phone #: _____

I am the owner or representative for the owner of the above patient and am authorized to give consent for this pet to be boarded at Bon Air Animal Hospital from _____ to _____.

Requirements for Boarding:

1. All boarders must be current on all vaccinations. If they are not current they will be updated during their stay.
2. All boarder must be free of external parasites (ticks, fleas, etc.) or they will be treated at the owner's expense.
3. Pets may be dropped off or picked up during regular business hours only.

Diet:

We ask that you bring our pet's regular food while boarding. A sudden change in diet may cause vomiting or diarrhea during their stay with us. If you would like your pet to eat the kennel food provided by our clinic we feed Science Diet Sensitive Stomach for dogs, and Hill's Prescription I/D canned and dry food for cats.

Frequency/amount of feeding: am _____ pm _____

Due to the stress of being in a kennel, your pet may not eat his/her normal diet. As an alternative, I give Bon Air Animal Hospital permission to feed Hill's Prescription Diet I/D canned food at an extra cost per can.

YES NO Notify the owner first

Medications:

If your pet will be receiving medications during his or her stay, please list below the name of the medication and how often your pet needs it.

Name of Medication	How Many	AM	AFTN	PM
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services for your pet:

The following can be done for your pet while he/she stays here at an extra cost.

- | YES | NO | Service |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I would like to have the Doctor do an exam: Reason: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Toe Nail Trim |
| <input type="checkbox"/> | <input type="checkbox"/> | Anal Gland Expression |
| <input type="checkbox"/> | <input type="checkbox"/> | (Dogs Only) Bath on the day you wish to pick up or on Date: _____
If pet is being bathed on the day you wish to pick up, pick up time will be after 3 PM |

Fee Schedule:

Bon Air Animal Hospital charges for boarding *per day* regardless of when you pet is dropped off or picked up. Pick-ups and drop-offs are during regular business hours, Monday-Friday from 8:00 am to 7:00 pm, and Saturdays from 9:00 am to 12:00 pm. We are closed on Sundays and major holidays.

If any pets have a medical issue while boarding, Bon Air Animal Hospital will provide treatments and/or medication. By signing this form I agree to these policies, and agree to assume all financial responsibility for any additional charges for treatment, medications, and foods while my pet is boarding.

Signature: _____

Date: _____

Employee Initials: _____