

Fairview Heights Animal Clinic Boarding/Grooming/Release Form

Client ID:
Client Name:
Address:
Phone #: ()
Emergency Contact
CellPhone: ()

Patient ID:
Patient Name:
Species:
Sex:
Birthdate:
Weight:

2nd Guest:
3rd Guest:
4th Guest:
5th Guest:

Arrival Date Depart Boarding Grooming Hospital

Special

Vaccinations Rabies Bordetella Distemper

Other:

Personal Items

Feeding

All pets left for boarding must be current on vaccinations (Cats: FVRCP/Rabies, Dogs: DA2LPP/Bordetella/Rabies) provided by a licensed veterinarian within the past 12 months. Kittens and puppies under 16 weeks of age must have been vaccinated within the last 21 days. If proof of these vaccinations cannot be provided, then they will be given by the Fairview Heights Animal Clinic. Full day charge for boarding begins on the day my pet is admitted and each day thereafter. If my pet is picked up before 12:00 noon on the last day I will not be charged for the day. If my pet is not picked up before 12:00 noon I will be charged for the final day of boarding.

In case of illness or injury, I do hereby give my consent for the doctors of the Fairview Heights Animal Clinic to treat or prescribe for my pet(s) while they are being boarded at the Fairview Heights Animal Clinic and I assume all financial responsibility and understand full payment is due when pet is released.

They are to use all reasonable precautions against illness, injury, or escape of 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 safe keeping of my pet (s), as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet(s) remained unclaimed after one week from the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address above. Seven days after such written notice the pet(s) will be considered abandoned and may be removed as the Fairview Heights Animal Clinic deems best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of boarding service.

Please fill in the following information to let us know if you have used any flea products on your pet and the date treated:

All pets admitted into the Fairview Heights Animal Clinic that are not on an approved flea prevention program or have fleas, flea dirt, ticks or ear mites will be treated upon entry with the appropriate medication

Date Applied:

__/__/__

Reminders:

- Rabies
- Annual Examination
- Distemper Combination
- Bordetella
- Heartworm Test
- Fecal Exam
- Lyme
- Medication Monitoring
- Senior Program

-Boarding Release-

ANY PETS REQUIRING MEDICATION FOR HEALTH REASONS WHILE BOARDING WILL RECEIVE A NOMINAL CHARGE PER DAY OF BOARDING.

I also acknowledge that I am responsible for any collection fees that are incurred due to failure to fulfill my financial obligations for these services. These fees include collection company charges, legal fees and any other fee that is incurred during the collection process.

I give my permission for the Fairview Heights Animal Clinic to exercise my pet outdoors while boarding.

I do not give my permission for the Fairview Heights Animal Clinic to exercise my pet outdoors while boarding

I would like to have Teddy walked an additional _____ times each day for an additional charge.

-Grooming Release-

Grooming (ask for cost for your pet)

Bath only (ask for cost for your pet)

DO NOT BATHE OR GROOM

Special Bathing/Grooming Instructions:

I understand that the skin under my pet's haircoat may be infected, irritated or have parasites (flea, tick, mange) and the exposure of this skin after clipping may cause intense scratching due to parasites or other underlying skin problems that can irritate and may require medical attention. **I agree not to hold the Fairview Heights Animal Clinic responsible for any skin problems related to the pre-existing condition of my pet's haircoat or skin.**

IF MY PET IS DIFFICULT TO GROOM, I authorize and give my consent for the Fairview Heights Animal Clinic to give my pet a sedative at an additional fee (see attached estimate).

Yes No

IF MY PET IS EXTREMELY DIFFICULT AND THE SEDATIVE DOES NOT HAVE ANY EFFECT, then the doctor will consult with the owner on the possibility of giving an anesthetic. The extra charge for the anesthetic will be determined at the time of the consult

Yes No

A \$15 CHARGE WILL BE ADDED FOR ANY PET THAT IS NOT PICKED UP BEFORE SCHEDULED CLOSING TIME. _____

Took home leash and collar

Left leash and collar

Owner Signature: _____ Date: _____