



Client Name: _____ Pet Name: _____
 Address: _____ Pet Breed: _____
 _____ Spayed/Neutered: YES NO
 Phone: _____ Age: _____ Coloring: _____

BOARDING RELEASE FORM

The Animal Medical Center of Cumming staff uses all responsible precautions against illness, injury or escape while boarding, but 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 the pet owner assumes all risks.

 Your Initials

In the case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Animal Medical Center of Cumming, Inc. to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Animal Medical Center of Cumming, Inc. In the event of illness or injury your pet will receive care & treatment and all expenses are the financial responsibility of the pet owner. Owners will be informed of any illness or injury immediately but treatment will not be delayed. In the event of non-urgent medical conditions owners will be contacted for permission to treat. If treatment is declined owners will have one business day to pick up their pet(s) otherwise the pet will be treated and all applicable charges will be the pet owners responsibility. (This applies in the event that the existing condition, in our veterinarians medical opinion, if left untreated, results in unnecessary pain and medical risk to the pet.)

 Your Initials

ALL ANIMALS MUST BE CURRENT ON ALL CORE VACCINATIONS. Proof must be shown of vaccinations within one hour of check-in or they will be given at owner's expense.

Medications given while boarding are monitored & administered by trained technicians and at an additional fee of \$6.00 per day.

 Your Initials

Adult dogs are fed once daily. If additional feedings are needed, please let us know at check in. Puppies are fed 2-3 times daily. Cats are fed free choice.

WE ARE NOT RESPONSIBLE FOR PERSONAL ITEMS BROUGHT BY OWNER.

ALL PETS MUST BE FREE OF INTERNAL AND EXTERNAL PARASITES (FLEAS, TICKS, EAR MITES & INTESTINAL WORMS) OR A BATH, FLEA TREATMENT, OR DEWORMING WILL BE GIVEN UPON ENTRY AT THE OWNER'S EXPENSE.

IF YOU HAVE MORE THAN ONE ANIMAL BOARDING IN THE SAME FAMILY,
 DO YOU WISH FOR THEM TO STAY TOGETHER? YES NO

I GIVE PERMISSION FOR MY DOG TO BE WALKED ON A LEASH OUTSIDE YES NO

I WOULD LIKE MY PET TO BE BATHED ON THE DAY OF DISCHARGE. YES NO

I WOULD LIKE MY PET TO BE GROOMED ON THE DAY OF DISCHARGE. YES NO

I WOULD LIKE THE UPGRADE PACKAGE WITH THE BATH OR GROOM. YES NO
 (PREMIUM SHAMPOO/CONDITIONER, TEETH BRUSHING, ANTIBACTERIAL ORAL SPRAY, BANDANA)

APPROXIMATE PICK-UP TIME: EARLY A.M. _____ NOON _____ LATE P.M. _____
 (Please note: Pets getting baths or being groomed are at additional fee and require an after 3 PM pickup time.)

WOULD YOU LIKE YOUR PET TO HAVE A COMPREHENSIVE WELLNESS EXAM WHILE BOARDING? A WELLNESS EXAM CAN PREVENT OR MINIMIZE DISEASE OR INJURY, IMPROVE YOUR PET'S QUALITY OF LIFE, AND HELP YOUR PET LIVE A HEALTHY LIFE FOR AS LONG AS POSSIBLE. (FEE \$57.00) YES NO

I have read the foregoing and agree. DATE (drop off) _____
 DATE (pick up) _____

 Signature of Owner/Representative

EMERGENCY PHONE NUMBER WHERE I CAN BE REACHED: _____