

Input by:

Verified by:



**Brookstone Animal Hospital**

5410 Brookstone Drive NW

Acworth, GA 30101

(770) 628-0651

## Boarding Release Form

Client ID:  
Client Name:  
Address:

Patient ID:  
Pet Name:  
Species:  
Breed:  
Sex:  
Color:

Telephone:

We are very pleased that you have entrusted us with the care of your pet(s) while you are away. The following information will help to ensure everything is in order for his/her stay.

Name of Receptionist who helped you at Check-in? \_\_\_\_\_

Please provide a phone number where you can be reached while you are gone: \_\_\_\_\_

Secondary number or other emergency contact phone number: \_\_\_\_\_

**What DATE and TIME do you plan on picking up your pet from boarding?** \_\_\_\_\_

Boarding is charged per night, with the exception of Sunday. All Sunday pick ups between 5pm-6pm will be charged for that night of boarding.

Did you bring your pet's food from home?  Yes  No, what type? \_\_\_\_\_

Kennel food (RC Canine Lowfat GI Adult Dry & RC Feline Adult Dry) will be provided if your pet runs out of their regular food. All prescription foods will be refilled and added to your invoice if we carry it in house, otherwise your pet will be fed our kennel food. Canned food must be brought from home or purchased from our hospital.

Feeding Instructions? \_\_\_\_\_

Is your pet on flea prevention?  Yes  No What Brand? \_\_\_\_\_ Date last given? \_\_\_\_\_

Is your pet on heartworm preventative?  Yes  No What Brand? \_\_\_\_\_ Date last given? \_\_\_\_\_

According to our records your pet is due for heartworm prevention on:

If your pet is due for heartworm or flea prevention, would you like us to refill your prescription?

Owner accepts; How many would you like us to refill? \_\_\_\_\_

Owner declines.

Do you want us to give prevention while boarding?  Yes  No If so, which ones? \_\_\_\_\_

May we sedate your pet if necessary for medical treatment?  Yes  No  Call you first

The cost of sedation is \$40/cat and \$60/dog.

Does your pet suffer from storm, firework or other noise phobias?  Yes  No

If needed, would you like us to administer calming medications during their stay?  Yes  Call you first

\*\*Approximate cost for medication will be \$15.00 - \$25.00.\*\*

Please list any medication(s) and/or supplements, as well as instructions, that you brought for your pet:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Has your pet had these medication(s) today?  Yes, which ones and at what time? \_\_\_\_\_  
 No

Please list any personal items (treats, toys, bedding) you brought with your pet:

1. \_\_\_\_\_
2. \_\_\_\_\_

**PERSONAL ITEMS:** Clean bedding will be provided for all pets boarding with us. We understand the desire to leave personal bedding with your pet, but due to cleanliness issues, we prefer to use our own bedding unless special needs of a pet's illness require other bedding to be used. Any personal items left with pets must be labeled very plainly with permanent marker.

**BROOKSTONE ANIMAL HOSPITAL IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS LEFT WITH PETS.**

Does your pet have a history of chewing up blankets/ towels?  Yes  No

Would you like your dog(s) bathed on the last day of boarding?  Yes  No

Dogs will receive a free bath after 5 nights of boarding, with the exception of holidays and blackout dates for school breaks.

Baths range in price from \$28 to \$45 based on your pet's weight and whether your pet is short haired or long haired. All baths include a nail trim, ears cleaned, anal glands expressed, bath, blow dry and brush.

**If your pet is receiving a bath, please pick up after 12:00pm.**

If your pet is receiving a bath, would you like us to apply cologne?  Yes  No  N/A

**Cologne choices: (please circle one)**

Cherry Blossom, Sweet Pea & Vanilla, Warm Vanilla Cookie, Cucumber Melon.

If your pet is receiving a bath, would you like your pet to have a bandana?  Yes  No  N/A

**PLEASE NOTE: If your pet has to be bathed due to messiness, we do charge a clean up bath fee. Clean up baths are \$10 per bath.**

**Please confirm your boarding reservation:**

VIP Suite (includes extra play time and a free bath after 5 nights of boarding)

Standard Suite  Standard Cage  Cat Condo

Are any of your pets sharing a Suite/Condo? If so, **please list all pets that are sharing:** \_\_\_\_\_

**Please list any other services you would like your pet to receive while boarding:**

Extra Walk Daily - \$10 per day

Personal Playtime (10 minutes) - \$10 per day

May we use your animal's picture on our website and/or in our social media sites? \_\_\_\_\_

Does your pet need vaccines?  Yes  No

Is your pet experiencing any problems you would like the doctor to examine?  Yes  No

Medical Problem(s): \_\_\_\_\_

\_\_\_\_\_

\*please note you will be charged an exam fee for this service

**ANSWER THESE QUESTIONS IF YOUR PET IS RECEIVING VACCINES OR BEING SEEN FOR A MEDICAL ISSUE:**

Any coughing/sneezing/vomiting/diarrhea? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Has your pet been drinking more water or urinating more frequently? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Do you take your dog swimming, on hikes, or in the woods?  Yes  No  N/A

Does your cat go outside?  Yes  No  N/A

**REQUIREMENTS FOR BOARDING**

**Dog** - Distemper, Rabies, Bordetella and current Fecal

\*\*We strongly recommend the Canine Influenza vaccine while boarding.\*\*

**Cat** - FVRCP, Rabies and current Fecal

1. All animals must be current on the vaccinations listed above, if not, we will administer and charge accordingly.
2. All animals must be free of external parasites (ie. ticks, fleas, etc.), or they will be treated at owner's expense.
3. All animals must have a negative fecal exam within the last 6 months.

**4. In case of emergency, illness or injury, the doctors of Brookstone Animal Hospital have my permission to treat, prescribe for, or perform surgical procedures upon my pet(s) while they are boarding at Brookstone Animal Hospital. We will make all attempts necessary to contact you should any problem with your pet(s) arise.**

**I have read the boarding requirements and understand the hospital's policies.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_