



Day Boarding Release Form

Client ID:
Client Name:
Address:

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

Telephone: _____

Name of the person who helped you at Check-in time? _____

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

Secondary number or other emergency contact phone number: _____

What **TIME** do you plan on picking up your pet from day boarding? _____

Day boarding is \$30 for a standard cage, \$30 for a Suite, and \$38 for a VIP suite. Sharing pets (suites only) are \$20 for the second pet.

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

☐ Sharing Suite/ Cat Condo with another pet (\$20/addtl pet); Please list all pets who are sharing: _____

☐ Extra Walk Daily - \$15 per day

☐ Personal Playtime (10 minutes) - \$15 per day

☐ Nail Trim - \$25

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

Kennel food (Royal Canin GI Low Fat canine or feline) will be provided if your pet runs out of regular food.

Feeding

Instructions? _____

Does your pet suffer from storms, fireworks or other noise phobias?

☐ Yes

☐ No

If needed, would you like us to give medications during their stay? (\$15-\$25)

☐ Yes

☐ Call me first

Name of medication(s)	Instructions	Date last given	Time last given
1)			
2)			
3)			
4)			

Do you need any medication refills, including heartworm/ flea/ tick? ☐ No ☐ Yes, Which one(s)? _____

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

1. _____
2. _____

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

Are you ok if we provide bedding (blankets/towels) for your pet? Yes ☐ No ☐

May we use your animal's picture on our website and/or in our social media sites? Yes ☐ No ☐

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

Client Signature: _____ Date: _____

Consent for CPR while boarding:

If life-threatening complications such as respiratory and/or cardiac arrest occur while my pet is boarding, the staff at Brookstone Animal Hospital can perform cardiopulmonary resuscitation (CPR). If my pet stops breathing or its heart stops beating, I realize even the most successful CPR may not restore him/her to good mental and physical health. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. Despite the limited likelihood of success from CPR treatment, I accept that such care brings with it considerable expense. By initialing one of the following choices, I hereby request:

- ☐ Yes, perform CPR on my pet if the doctor deems it necessary (~\$100 service charge)
☐ No, do not attempt to resuscitate my pet

I accept that if hospital staff members are unable to reach me within 20 minutes after the initiation of CPR, and after administering reasonable treatment and there appears to be virtually no hope for medical success, CPR will be withdrawn and my pet will be humanely euthanized. I am providing the hospital with phone numbers (listed above on this form) at which I can be reached in the event of a decline in his/her condition.

I understand the cost of the medical services discussed with me and agree to make satisfactory arrangements to cover all outstanding veterinary fees at the time my pet is either discharged from the hospital, transferred to another facility, dies or is humanely euthanized.

Signature of Owner or Authorized Agent

Date