



Boarding Release Form

Client ID:
Client Name:
Address:

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

Telephone: _____

Name of staff member 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 of day do you plan on picking up your pet from boarding? _____ ☐ AM

Hours for boarding drop-off: Mon-Fri 10am-4pm, Sat 9am-1pm

☐ PM

Hours for boarding pick-up: Mon-Fri 10am-4pm, Sat 9am-1pm

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 their regular food.

Feeding

Instructions? _____

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

The cost of sedation is \$78/cat and \$110/dog (plus \$55 Preanesthetic Exam if needed).

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 ☐ No

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:

All medication needs to be in the original container.

	Name of medication(s)	How are you giving at home?	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)? _____

PERSONAL ITEMS: Brookstone Animal Hospital does not accept bedding and/or blankets from home. Clean bedding will be provided for all pets boarding with us.

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

Is your dog aggressive with other dogs, food, toys, or people? ☐ Yes ☐ No

If you checked yes, please specify: _____

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. All VIP boarders receive a free bath for the 1st pet only. Only one pet will receive a free bath if sharing a suite. If your pet is receiving a bath, please pick up after 2:00 pm.

PLEASE NOTE: If your pet has to be bathed due to messiness, we do charge a clean-up bath fee. Clean up baths are \$20 per bath.

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

- ☐ Extra Walk Daily - \$15 per day
- ☐ Personal Playtime (10 minutes) - \$15 per day (All VIP boarding includes Free playtime)
- ☐ Nail Trim ONLY/ No Bath - \$25

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

Client Initials: _____ **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. There will be an exam fee associated with this service along with cost of treatment. We will make all attempts necessary to contact you should any problem with your pet(s) arise.**

Consent for CPR while boarding:

If a 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. In spite of 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:

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.

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

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.

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

Signature of Owner or Authorized Agent

Date