

# BLUE RIDGE ANIMAL HOSPITAL

224 W. WADE HAMPTON BLVD.

GREER, SC 29650

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## **BOARDING RELEASE FORM**

**CLIENT NAME:**

**ADDRESS:**

**PHONE (NON-EMERGENCY):**

**PET NAME** (IF MORE THAN ONE PET IS BOARDING AT THE SAME TIME PLEASE FILL OUT SEPARATE SHEETS FOR EACH PET):

**ARRIVAL DATE:**

**DEPARTURE DATE:**

**BATH** (USUALLY DONE ON DEPARTURE DATE AND PET WILL NOT BE READY UNTIL AFTER 4:00. BATHS ARE NOT AVAILABLE ON THURSDAY, SATURDAY, AND SUNDAY):

**GROOM** (USUALLY DONE ON DEPARTURE DATE AND PET WILL NOT BE READY UNTIL AFTER 4:00. GROOMS ARE NOT AVAILABLE ON THURSDAY, SATURDAY, AND SUNDAY):

**SUNDAY DEPARTURE** (ONLY AVAILABLE FROM MEMORIAL DAY THROUGH LABOR DAY. IF PICKING UP ON A SUNDAY, TIMES ARE BETWEEN 5:00PM-5:30PM. PRE-PAYMENT IS EXPECTED AT THE TIME OF CHECK-IN FOR BOARDERS GOING HOME ON SUNDAY.):

**NATURE TRAIL WALKS** (ONLY AVAILABLE ON MONDAY, TUESDAY, WEDNESDAY, AND FRIDAY AND LAST ABOUT 10 MINUTES. THERE IS AN ADDITIONAL FEE FOR THESE EXTRA WALKS. PLEASE LIST THE DAY(S) AND THE DATE(S) REQUESTED.):

**LAST DATE OF FLEA PREVENTION/HEARTWORM PREVENTION** (FRONTLINE, PROMERIS, ADVANTAGE, ADVANTIX, ADVANTAGE MULTI, REVOLUTION, SENTINEL, INTERCEPTOR OR HEARTGUARD.):

**SPECIAL INSTRUCTIONS:**

**MEDICATIONS** (PLEASE LIST ALL MEDICATIONS, NAME AND MILLIGRAM, AND INSTRUCTIONS ACCORDING TO HOW EACH IS GIVEN. IF YOUR PET IS DIABETIC, PLEASE COMPLETE THE DIABETIC CHECK-IN FORM, ALSO.):

**Food** (WE PROVIDE SCIENCE DIET SENSITIVE STOMACH AND SCIENCE DIET ADULT SMALL BITES FOR DOGS AND SCIENCE DIET ADULT FOR CATS. IF BRINGING YOUR PET'S OWN FOOD, PLEASE LIST HOW YOUR PET IS FED AND HOW MUCH TO FEED.):

**EMERGENCY PHONE CONTACT:**

**PERSON PICKING UP PET ON DEPARTURE DATE IF OTHER THAN OWNERS AND THEIR PHONE NUMBER:**

**REQUIREMENTS FOR BOARDING:**

1. ALL ANIMALS MUST BE CURRENT ON THE FOLLOWING:  
CATS—RABIES & FVRCP  
DOGS—RABIES, DHPP, KENNEL COUGH, & A NEGATIVE FECAL
2. ALL ANIMALS MUST BE FREE OF INTERNAL PARASITES (EX: HOOKWORMS, ROUNDWORMS, WHIPWORMS, TAPEWORMS, ETC.) AND EXTERNAL PARASITES (EX: FLEAS, TICKS, ETC.), OR THEY WILL BE TREATED **AT THE OWNER'S EXPENSE**.
3. BLUE RIDGE ANIMAL HOSPITAL HAS MY PERMISSION TO TREAT MY PET IF THEY BECOME ILL WHILE BOARDING. I UNDERSTAND THAT I MAY NOT BE CONTACTED UNTIL CERTAIN MEDICALLY NECESSARY DIAGNOSTICS AND TREATMENTS HAVE ALREADY BEEN PERFORMED AND THAT SUCH SERVICES ARE **AT THE OWNER'S EXPENSE**.
4. IF A TRANQUILIZER IS NECESSARY FOR TREATING AND/OR HANDLING MY PET, BLUE RIDGE ANIMAL HOSPITAL HAS MY PERMISSION TO ADMINISTER SUCH MEDICATION **AT THE OWNER'S EXPENSE**.

**\*\*\*I, THE UNDERSIGNED, HAVE BEEN PROVIDED WITH BLUE RIDGE ANIMAL HOSPITAL'S BOARDING POLICY. I HAVE READ AND AGREE TO THE BOARDING POLICY AND THE ABOVE REQUIREMENTS FOR BOARDING.\*\*\***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_