



Boarding Release Form

Name: _____ Client # _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the New Haven Pet Hospital to treat, prescribe for or operate upon my pet(s) while they are boarding at the New Haven Pet Hospital.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they 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 I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address on my client paperwork. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of or destroyed as we deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of boarding service.

Please answer the following questions concerning your pet(s) health:

*To effectively prevent your pet from contracting kennel cough, he/she must be immunized against the disease preferably two weeks prior to boarding. If this is not done New Haven Pet Hospital will not be held responsible if your pet contracts kennel cough. (Initial: _____)

Has your pet shown any recent signs of:

Diarrhea: _____ Vomiting: _____ Sneezing: _____ Coughing: _____

Have there been any other unusual symptoms or signs that we should be aware of while boarding your pet? _____

Have you scheduled your pet to be bathed or groomed while here? Yes No
(May not be available at all times)

Upon Entering Our Kennels, your pet will be given a Capstar pill. This is a fast acting product that kills fleas on your pet within 30-90 minutes and only lasts for up to 24 hours.

As an option, it may also be given on the day of discharge for \$3.50 Yes No

I have read the foregoing and agree:

Signature of Owner/Representative of Owner Date

Emergency Number where I can be reached: _____

Admitting Staff: _____ Vaccines Current: _____ Capstar: _____