



**Central
Animal**
HOSPITAL
On Pinellas Point

BOARDING RELEASE FORM

CLIENT NAME: _____ Acct No.: _____ PET NAME(s): _____

Drop off Date: _____ Pick up Date: _____

To insure that all pets admitted to our boarding facility are free of external parasites, all pets will be examined upon arrival. Pets found with external parasites will be treated at owner's expense.

Is your pet experiencing any of the following?: Ocular Discharge Sneezing Coughing Nasal Discharge
 Skin problems (describe) _____
 Ear problems (describe) _____
Any History of Seizure? Yes No (If yes, when was last seizure?) _____

Is your pet currently on medication? Yes No Date and Time of last dose given: _____

Permission to Board Your Pets Together? Yes No **NOTE:** While boarding, CAH staff will separate pets if needed.

Contagious Disease Option

Every effort is made to insure that all pets admitted to our boarding facility are free of, and vaccinated against, contagious diseases. Despite our best efforts, contagious diseases are sometimes contracted while under our care. We are authorized by your signature below to commence treatment of any pet so affected, the cost of which to be paid by you, before your pet may be discharged. We offer an option for treatment of said diseases while in our facility or for seven (7) days following discharge, for the amount of \$_____, for up to a seven (7) day period stay. To access coverage, treatment must be provided by Central Animal Hospital. Accepted Declined Signature _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of Central Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Central Animal Hospital. Daily medication administrations are additional (\$2.60 per day).

If a tranquilizer is necessary for the treatment or handling, I hereby give permission to the doctors to administer such medication. I acknowledge that all pets entering Central Animal Hospital's boarding facility must be protected against all communicable diseases for which they can be vaccinated, and be free from internal and external parasites or they will be treated on entry at owner's expense.

Should the circumstance 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 above. Five (5) days after such written notice, the pet(s) will be considered abandoned and may be disposed of as may be deemed best and necessary. It is further understood that such action will not relieve me from paying all costs of Central Animal Hospital's service and the use of this hospital, including the cost of the boarding service.

Pets are released after 8:30 a.m. Monday through Friday. **Pets picked up after 12:00PM (Noon) will be charged for that day of boarding.**

I understand that any medical treatment deemed necessary while my pet is boarding is at my cost and is payable at the time of discharge.

Client Signature: _____ Date: _____

Emergency Contact Ph#: _____

Hurricane Contact Name & Ph#: _____

CENTRAL ANIMAL HOSPITAL

BOARDING WAIVER FORM

DURING HURRICANE SEASON June 1 – December 1

It is the policy of Central Animal Hospital to strongly recommend that owners take their pets with them when an impending dangerous storm is anticipated to hit the Tampa Bay area.

If your pet is boarding when a dangerous storm approaches, we will make every effort to contact you and give you the option of picking up your pet or releasing your pet to another family member.

If we cannot contact you, or arrangements cannot be made to have your pet picked up, Central Animal Hospital will take all possible precautions to care for your pet while it is boarding. Due to the unpredictability of these types of storms, if a storm mandatory evacuation is ordered, Central Animal Hospital staff must evacuate. We will make sure your pet has plenty of water prior to evacuation, and we cannot guarantee the safety of your pet, nor can we be certain as to when we will be able to gain access to the boarding facility after the storm passes.

I have read the above information and understand that during the Hurricane Season in Florida (June 1 through December 1), I may be boarding my pet at my own risk in the case of unpredictable dangerous weather conditions that may occur during this time.

Print Name: _____

Date: _____

Signature: _____