

Boarding Release Form

Name (Last, First):

Pet's Name: _____ K9 FEL Breed: _____

We require all pets to have a yearly exam at our facility prior to admittance for boarding services. All pets must be fully vaccinated as follows:

Dogs- Dhlpp, Corona, Bordetella, Rabies - All Current

Cats- Fvrcp, Felv, Rabies - All Current

If the above vaccinations are not current at Magnolia Animal Hospital, the owner cannot provide proof of vaccinations, or the vaccinations cannot be confirmed with another facility at the time of the pets check in, then the required vaccinations will be administered at the owner's expense. Also, All pets must be free of external parasites (ex. Fleas, ticks, etc), or they will be treated at owner's expense.

**There is an additional \$6.00 Holiday Boarding Fee per night for ALL major holidays.

There is no need for personal items to be left with pets while boarding, we provide plenty of clean bedding daily for your pet. The only items we will accept are Special Diets and Medications please leave all other items at home.

In the event that your pet should become ill or injured, and the owner is not able to be contacted, Magnolia Animal Hospital has the owner's authorization to treat illness or injury at owner's expense. Every effort possible will be made to contact the owner prior to any treatments needed.

In accordance with California Code of Regulations Civil Code 1834.5, regarding abandoned animals, (Patient Name) will be removed from the hospital 14 days after the day your pet was due to be picked up, if the owner has not been in contact with the hospital and is not able to be contacted. In the event that this should occur, the owner is still 100% responsible for any related fees with boarding, treatment, adoption, or disposal of the pet.

Boarding Dates: From _____ To _____

Special Diets/Requested Service _____

Bathing/ Grooming YES _____ NO _____

Special Instructions _____

Is your pet on any form of medication YES _____ NO _____

If so, please list all medication and instructions below

I, the undersigned owner or acting authorized agent of the owner have read and understand the requirements for boarding my pet at Magnolia Animal Hospital. I understand that if I'm unable to pick up my pet on the specified date, I am required to notify Magnolia Animal Hospital.

Signature _____ Date _____

Emergency Contact Numbers _____

Employee Initial _____