



6801 Heritage Dr.
 Port St. Lucie, FL 34952
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Boarding Release

Patient: {NAME} **Species:** {SPECIES} **Age:** {AGE} **Weight:**
 {CURRENTWEIGHT}

Client: {FULLNAME} **Breed:** {BREED} **Sex:** {SEX}

Arrival Date: {ARRIVALDATE[SHORT]} **Departure Date:** {DEPARTUREDATE[SHORT]}

Contact Name: _____ **Contact Phone Number:** _____

Emergency Contact Name: _____ **Emergency Contact Number:** _____

Is your pet/pets on any medications? Y___ N___
 Please list all medications, directions and dosages: _____

Diet/Feeding Instructions:

Hospital Food Your own food _____ Specific instructions: _____

Would you like your pet to receive a bath before departure? (additional bath price will apply) Y___ N___

****In the event a medical problem is found during your pet's boarding visit, do you wish for your pet to be treated and or medicated? Yes NO (FAILURE TO INDICATE WILL DEFAULT TO YES) A doctor will attempt to get in touch with you before beginning treatment at number above. If unable to do so, pet will get treated for pets best interest at owners expense. _____

Behavior

Has your pet boarded before? Y___ N___
 Is your pet good with other dogs? Y___ N___
 Does your pet have any food aggression or cage aggression? Y___ N___
 Any other temperament issues you would like to mention? _____

REQUIREMENTS FOR BOARDING

(Please read and initial all of the following)

1. All animals **must be current on all vaccinations** and free of internal and external parasites. If not current on required vaccines or your pet is found to have parasites, {NAME} will be treated and/or vaccinated at the owner's expense. _____
2. North Port St. Lucie Animal Hospital has my permission to do whatever is necessary should an **emergency** arise at owners expense, including sedation for treatment and/or handling of {NAME}. _____
3. I have provided North Port St. Lucie Animal Hospital with the medications my pet currently needs and understand that there will be a **\$5.00 daily charge for administering these medications**. I also understand if I do not provide the required medication that North Port St. Lucie Animal Hospital will dispense from the hospital pharmacy and I will be responsible for any charges incurred and will promptly pay any expenses. _____

***In the event of a natural disaster, (hurricane, tornado, tropical storm, etc) North Port St. Lucie Animal Hospital is not an approved shelter/boarding facility/kennel.**

Please provide the name and phone number of a person that would be able to retrieve your pet in such an event. Failure to provide an available emergency contact may result in your pet being left unattended during such event.

NAME: _____ PHONE NUMBER: _____

***** Please be aware that we WILL NOT take in items such as beds, blankets, toys from home, they will be provided from hospital supply**

I have read the boarding requirements and understand the hospital policies:

Signed: {CLIENTSIGNATURE}

Date: {CURRENTDATE[SHORT]}

Staff Check In: {STAFFCHECKINGIN}