

OAK RIDGE ANIMAL HOSPITAL

BOARDING RELEASE FORM

Owner Name: _____

Pet Name: _____

Emergency Numbers _____

Dates Boarding: _____ Est. time of
Arrival Date: _____ Departure Date: _____ Pick-up: _____
Pets picked up before noon will not be charged for that day.

I request that my dog receive a bath prior to discharge. Yes* _____ No _____
*If your pet is receiving a bath, please plan to pick up between 3pm and 4pm.

Personal Items (limit 2) _____
(Medication Administration fee: \$2.00 per day)

Please check below:

Emergency Care and Minor Treatment:
I authorize the staff of Oak Ridge Animal Hospital to immediately and without prior notification provide any emergency care necessary during my pet's stay. I understand that I will be notified of this emergency treatment as soon as possible.

I authorize the staff of Oak Ridge Animal Hospital to provide, without prior notification, any minor treatment (antibiotics, medication for diarrhea, etc.) necessary during my pet's stay. I understand that I will be made aware of this minor treatment at the time of discharge.

Emergency Care Only

Minor Treatment Only

Do Not Authorize:
I do not authorize any treatment (**Emergency** or **Minor**) for my pet unless contacted at the above emergency number first. After speaking with the doctor, I will then make a decision regarding authorization of treatment.

All pets boarding at our hospital will receive a Capstar oral flea prevention on entry and exit.
This is included with the boarding fee.

Signature: (owner / agent) _____

Date: _____