

# South Shore Animal Hospital Boarding Check-in Release Agreement



Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number Home (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Back-Up Contact \_\_\_\_\_ Home (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Pet's name \_\_\_\_\_ Pet's age \_\_\_\_\_

Breed or Description \_\_\_\_\_

Health conditions we should be aware of: \_\_\_\_\_

Has your pet been spayed or neutered? **\*Yes/No**

Is your pet current on Flea Prevention? **\*Yes/No** \*If Yes, what brand: \_\_\_\_\_

Is your pet on heartworm prevention? **\*Yes/No** \*If Yes, what brand? \_\_\_\_\_

Does your pet require medication? **\* Yes/No**

**\*If Yes**, What medications are they on? \_\_\_\_\_ **\*If Yes**, how is it normally administered \_\_\_\_\_

Is your pet current on all its Vaccines? **YES/NO**

Is your pet likely to ingest or tear up bedding or like to chew things up? **\*Yes/No** \_\_\_\_\_

Some dogs are let out together to play. Does your dog get along fine around other dogs? \_\_\_\_\_

Is your pet(s) sociable? **\*Yes/No** \*If Yes, Explain: \_\_\_\_\_

Anything else you would like us to know about your pet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Boarding Release Agreement

1. I agree to release South Shore Animal Hospital and the entire staff from any and all liability that results in loss, damage, injury, or sickness to my pet while under the care of South Shore Animal Hospital.
2. In the event of an emergency, I agree to allow the staff at South Shore Animal Hospital to treat my pet for any sickness or symptoms that occurs during its stay. I also agree to pay for all expenses for any veterinary services that result from that occurrence.
3. I verify that my pet is healthy, has the required vaccinations (Canine: DHPP, Bordetella and Rabies / Feline: FVRCP and Rabies), is free of sickness or disease and has not harmed or shown aggression toward people or other pets.
4. I verify that my pet(s) is current on flea prevention. If my pet(s) is not, then I give full permission for the South Shore Animal Hospital Veterinarian staff to give them a flea preventative in order for my pet(s) to board.
5. I agree to assume full responsibility and financial reimbursement to South Shore Animal Hospital and entire staff for all damages, losses, and injuries that are caused by my pet while under the care of South Shore Animal Hospital.
6. Under Kansas law **any pet left for a period of over 10 days without notification may be considered abandoned** and may legally be transported to the custody of an animal shelter.

\*- I have read and understand this boarding agreement and release from liability. I agree to accept all the terms, conditions, and statements of this agreement.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Pet's Name(s) \_\_\_\_\_

