

MARLTON ANIMAL HOSPITAL, P.A.

(856) 983-5350

Boarding Release and Instructions

1. Owner's Name: _____ Pet's Name: _____

2. Date of Arrival: _____ Date of Discharge: _____

3. What is your pet fed at home? _____

Does your pet require a special diet? NO YES (additional fees apply)

Did you provide the special diet? NO YES

Dry Quantity: _____ cans, and/or _____ cups per meal

Canned

Semi Moist Number of meals daily: _____

4. Is your pet on any medications that are to be given while boarding?

Name / strength of Rx: _____

Directions: _____

5. You MUST provide a number where you can be reached, or the name and number(s) of a person acting as your agent that is authorized to make medical and financial decisions for you and your pet.

Name: _____ Number: (_____) _____

PLEASE BE AWARE THAT IF A MEDICAL PROBLEM DEVELOPS DURING YOUR PET'S STAY WITH US, AND IT REQUIRES IMMEDIATE ATTENTION, WE WILL PROCEED WITH TREATMENT AND CALL YOU OR YOUR AGENT TO ADVISE YOU OF THE SITUATION. IN RARE SITUATIONS, A PROBLEM MAY BE SO SERIOUS THAT OVERNIGHT NURSING OR PROFESSIONAL CARE IS REQUIRED. SHOULD THIS OCCUR, WE WILL TRANSPORT YOUR PET TO AN ALL-NIGHT EMERGENCY HOSPITAL. ALL EXPENSES INCURRED FOR TREATMENT WILL BE YOUR RESPONSIBILITY. PLEASE UNDERSTAND, HOWEVER, THAT ONLY NECESSARY PROCEDURES WILL BE DONE AND YOU OR YOUR AGENT WILL BE CONTACTED AS SOON AS IS PRACTICAL. BY SIGNING BELOW YOU ACCEPT FINANCIAL RESPONSIBILITY FOR ALL SUCH EVENTS AND THE RESULTING CARE PROVIDED.

6. Additional authorized work: (Please check)

Physical Examination (Any specific problems?): _____

Fecal Examination Heartworm Test _____

Bath Grooming * indicates vaccines which must be current for admission

Vaccines: Distemper * Rabies * Leukemia Bordatella * Lyme

Other: _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON VACCINES AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS, TICKS OR OTHER PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE.

The undersigned hereby warrants that he or she is the owner or duly authorized agent for the owner of the above animal, and does hereby request, consent, and authorize the Marlton Animal Hospital, P.A. to board, care for, and treat said animal.

If I neglect to pick up my pet within 5 days of the above date of discharge and have not arranged for a longer stay with you, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet, as you deem best. This does not relieve me of my responsibility for all costs incurred on said pet until the time of final disposition.

Signature of owner or duly authorized agent

Date

Please call to confirm a discharge time prior to picking up pet.