



South Arundel Veterinary Hospital
 85 W. Central Avenue
 Edgewater, MD 21037
 410-956-2932
 www.southarundelvet.com

Staff Use Only:

- Billed
 Scanned/Attached
 _____ Staff initials

Name: _____

Pet name: _____

Address: _____

Circle one: Dog Cat Bird Rabbit Ferret Other

Breed: _____ Male Female

Phone: _____

Pet's age: _____

Can you be reached while away? _____

If yes which is best? (circle one) Main # Cell # Text Message Email: _____ Other _____

South Arundel Boarding Release Form

Check-in Date: _____

Check-out Date: _____

In case of an emergency contact name & phone number: _____

Date of last flea/tick preventative application: _____ Flea/Tick product used: _____

If we see any fleas on your pet while boarding, he or she will be treated at your expense.

Is your animal thunder phobic? _____ If yes, describe his/her reaction & how you usually handle it: _____

Medications Are you providing your own detailed medication sheet: Yes No

| Medication Dosing | Instructions | How Administered? | Date & Time Last Given |
|-------------------|--------------|-------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Feeding Instructions Are you providing your pet's own food: Yes No

Does your pet have any food allergies OR restrictions? Yes No If yes explain: _____

| Name of Food | Quantity Fed | How Often? | Last Time Fed |
|--------------|--------------|------------|---------------|
| | | | |
| | | | |
| | | | |

Belongings What other belongings are you dropping off with your pet? **We recommend labeling all belongings.**

Any Special Instructions or Notes:

Pet is due for the following services (required for boarding): _____

Do you authorize us to complete these items (circle one) YES NO Initial here _____

Please circle yes or no for the following:

Additional Exercise: Extra Walk: Yes No 15 minute playtime: Yes No

Other Services

Express Anal Glands: Yes No

Toe Nail Trim: Yes No

Request Examination By a Veterinarian: Yes No (drop off exam form must be filled out)

Professional Grooming with our groomer: Yes No

Bath with technician (Includes nail trim and ear cleaning. Pick up will be after 3pm on the last day of boarding.): Yes No

Please initial that you have read and agree to the following:

_____ I understand that my pet must maintain a once yearly exam at South Arundel Veterinary. Pet must also have a fecal sample checked for parasites every 6 months, as well as updated vaccines.

_____ Should illness, injury, or circumstances warrant the need for emergency services, I understand that the hospital will try to contact me or the individual indicated as the emergency contact before treatment, but must exercise the option to proceed if no one is available for clearance. I understand that I will be responsible for all charges incurred for such treatment for my pet.

Signature

Date

| Staff Use Only | Staff Initials |
|--|----------------|
| CS Check-in | |
| Tech Check-in | |
| 2 nd Tech Check | |
| Kennel Size | |
| Pets Weight | |
| All Services Requested Were Provided - Technician | |
| All Services Requested Were Provided - Receptionist | |