

Gardner & Hydrick Veterinary Clinic

1803 E. Oglethorpe Blvd

Albany, GA 31705

Phone: (229) 439-7044

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email: eastalbany@yahoo.com

Boarding Release Form

Client Name: _____

Pet Name: _____

What dates will you be away? _____

Date: _____

EMERGENCY CONTACT # _____

****Please read the following pages carefully. Make sure to fill this form out completely and correctly, as it may result in unwanted charges, absence of proper treatment or loss of personal items if filled out incorrectly. Also, please make sure to read and fully understand the information on the following page regarding notes and authorization to board. If you have any questions, please notify the receptionist/doctor BEFORE signing this form and leaving the clinic!**

- **If your pet needs additional examination while boarding, please give a detailed history of the problem below.**

- **Did you bring your pet's food from home? Yes No**

(If yes, please indicate what food, how much your pet is to be fed and how often to feed)

- **Did you bring any personal belongings to be left with your pet? Yes No**

(If yes, please indicate all personal belongings left with your pet. Be specific)

- **Does your pet have any medications to be given while boarding? Yes No**

(If yes, please list all medications with instructions on how it is to be given)

IF MEDICATION IS TO BE GIVEN WHILE BOARDING, THE BOARDING RATE WILL BE \$22.00 PER NIGHT

- **Would you like for your pet to have a bath before going home? Yes No**

(If yes, there will be an additional fee of \$26.25-\$85 depending on the size of your pet)

PLEASE NOTE:

- All animals are **REQUIRED BY LAW** to be current on their **RABIES** vaccination (within 1 year of the last rabies vaccination). If proof of vaccination is not available, your pet will be vaccinated for Rabies at your expense. Our practice policy is for all dogs to be current on their Bordetella/Kennel Cough vaccine. This is for the safety of ALL dogs housed in our facility.

- All animals will be treated for fleas when staying in the hospital for any length of time (surgery, dental, boarding for the day/weekend) despite current flea therapy done at home. This is to prevent fleas from entering this hospital and infecting your pet while under our care. They will be treated with a Capstar tablet that lasts for 24 hours and is not included in the price of the boarding.
- Gardner & Hydrick Veterinary Clinic has a **NO CHARGING, NO BILLING** policy. This means that all **FEES MUST BE PAID IN FULL** when services are rendered. Payments may include: Cash, Visa, MasterCard, Discover or Care Credit. If you are unsure of the cost of your procedure or are concerned with the amount of fees being charged, please notify the receptionist/doctor **before** signing this form.

Authorization for Boarding

I hereby authorize Gardner & Hydrick Veterinary Clinic to board my pet and perform the procedures named above. The cost and nature of such services has been described to my satisfaction and I understand the fees associated with any additional procedures requested above.

I authorize Gardner & Hydrick Veterinary Clinic to treat my pet in case of an emergency. I understand that the staff will contact me as soon as possible regarding the emergency and that I will be responsible for any additional charges that may result from this emergency.

I understand that any estimates given for services are only an estimated price. I acknowledge that Gardner & Hydrick Veterinary Clinic attempts to give as accurate of an estimate as possible; however, I understand that there may be unforeseen complications and further treatment may be necessary during or following the procedure. If I am unable to be reached for question at the number I have left, I understand that the veterinarians at Gardner & Hydrick Veterinary clinic will use their professional judgment with regards to the treatment of my pet and that this may result in additional charges.

I am the owner/agent of the animal presented here today. I accept and assume full and total financial responsibility for any and all services rendered. I understand the **PAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED** and that my veterinarian has the authority to keep my pet until all charges are paid in full. I agree to pick up my pet within 10 days of the pick-up/discharge date. I understand that if I do not pick up my pet or if I am unable to be reached regarding the status of my pets release during those 10 days, that my pet will be considered abandoned and become property of Gardner & Hydrick Veterinary Clinic. I understand that if I am unable to pick up my pet within the designated time, I will contact Gardner & Hydrick Veterinary Clinic and make arrangements for a continued stay. **Each business day ends at 5:30pm and pickup is before 5:00pm.** Additional stay will incur additional charges for medical boarding if indicated in the amount of \$29.40 per night or regular boarding costing between \$18.90-21.00 per night.

Owner/Agent's Name (printed):

Date: / /

Owner/Agent's Signature: