

Portland Veterinary Hospital Boarding Release Form

Owner : _____

Pet(s): _____

Drop Off Date: _____

Pick Up Date: _____

Phone where you can be reached: _____

Emergency Phone if different _____

*** In case of a medical emergency and you can not be reached how much can be spent on Medical treatment.**
\$ _____ **Please Initial**

*Do you want your pet to have an exam by the Veterinarian? \$30.90 _____

* Do you want your pet bathed before he/she goes home? Please Circle One:

No bath

Bath \$23.00

Ear cleaning \$14.25

Nail trim \$7.25

All pets are required to have a current fecal exam within 6 months of boarding and must have flea and tick prevention on them provided by your veterinarian.

I understand that my pet will be released **DURING OFFICE HOURS ONLY AND THAT FULL PAYMENT IS REQUIRED UPON RELEASE OF MY PET.** A Cash/Credit deposit may be required. Boarding fees per night (charges are per night-no half days):

All dogs and cats \$23.00

I understand that should my pet injure itself in an attempt to escape, refuse food, suddenly become ill and die, or succumb to the effects of natural disasters (**hurricanes, lightning, tornadoes**) I cannot hold Portland Veterinary Hospital liable in the absence of gross negligence as provided by state law.

If I fail to retrieve my pet by the above stated pick-up date without notification, I realize that state law (Article 7465C of Vernon's Texas Statutes) allows the veterinarian to dispose of any animal abandoned in their care if they give notice of their intent to do so by certified mail sent to the last known address of the owner. The veterinarian must allow the owner 12 days from the mailing of the certified letter to retrieve the animal. The giving of this certified letter does not relieve the owner of liability of full payment for all services rendered. If my pet becomes ill while boarding and the veterinarian cannot get in touch with me, I okay the necessary diagnostics/treatment until I can be reached.

Before your pet(s) enter our kennels, your pet will be given a **Capstar** with a charge of \$6.39 If your pet has ticks he or she will be given a bath, immediately. Depending on the pet's weight and the severity of the ticks determines pricing.

Signature: _____ **Date:** _____

For Office Use Only

☐ VX current

☐ Needs VX: _____

Please Initial _____

Portland Veterinary Hospital

Boarding Information Sheet

We want to provide the best care for your pet while he/she is in our care. Please answer the following questions so that we may get to know your pet.

Is your pet eating normally? Yes___ No___

Is your pet drinking water excessively? Yes___ No___

Does your pet have any dental issues that prevent him/ her from eating normally? Yes___ No___

Is your pet coughing, hacking or sneezing? Yes___ No___

We feed Hill's Science Diet Sensitive Stomach. If you pet has digestive issues or gets a nervous stomach you may want to bring your own food.

List your pet's food and feeding instructions below if you bring your own food:

List any medications or supplements your pet is on. Give detailed instructions for each medication.

List blankets, leashes, collars, or other belongings you will be leaving with your pet.

Does your pet have any allergies? Yes ___ No___

If so what is your pet allergic to? _____

What form if flea and tick prevention is your pet on? _____

We will give your pet an oral Capstar upon arrival if your pet is not already on an oral flea and tick medication. You may bring your own Capstar but if we give one from our supply the charge is \$6.39.

Do you have any concerns or special instruction for your pet?

What is a good emergency number to contact you? _____

Sign: _____ Date: _____

REGISTRATION

YOU

- Last Name: _____
- First Name: _____
- Spouse's Name: _____
- Address: _____

- City, State, Zip _____
- Home Phone _____
- Cell phone _____
- Employer _____
- Work Number _____
- In case of emergency, please call
Name: _____
Phone: _____
- Email Address: _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release of my pet and that a deposit may be required before services are rendered.

Owner _____

YOUR PET

- Pet's Name: _____
 - ☐ dog ☐ cat ☐ other
 - Breed: _____ Color _____
 - ☐ Male ☐ Female
 - Approximate date of birth: _____
 - Neutered / Spayed? ☐ yes ☐ no
 - Allergies: _____
 - Previous veterinarian: _____
 - Last vaccinations: _____
 - On heartworm prevention?
☐ Yes ☐ No
-
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 - ☐ dog ☐ cat ☐ other
 - Breed: _____ Color _____
 - ☐ Male ☐ Female
 - Approximate date of birth: _____
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☐ Yes ☐ No