



ANIMAL HOSPITAL of FACTORIA, PLLC | **FactoriaVet.com**

4205 Factoria Blvd. S.E. | Bellevue, WA 98006 | ph: 425.746.3373 | fax: 425.746.3443

Boarding Release

Owner's Name: _____

Date: _____

Pet's Name: _____

Boarding until: _____

Yes No **Does your pet have its own food?**

Amount given _____ 1/day 2/day

Yes No **Does your pet require medication or have any special health issues?**

Pets requiring medication will be medicated for an additional fee.

Yes No **Would you like Boarding Plus care for your pet for an additional charge?**

If YES, how many times during your pet's stay? _____

Boarding Plus care includes an additional potty walk for dogs in the afternoon.

Yes No **Does your pet require special handling, or have special needs?**

Yes No **Would you like an extended condo for your CAT at an additional charge?**

Please check any procedures to be done while your pet is with us

- | | | | |
|----------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Clean Ears | <input type="checkbox"/> Health Exam | <input type="checkbox"/> Dental (anesthesia required) |
| <input type="checkbox"/> Toe nail trim | <input type="checkbox"/> Clip mats | <input type="checkbox"/> Fecal Exam | <input type="checkbox"/> Anal gland Expression |
| <input type="checkbox"/> Other _____ | | | |

CONSENT

- Each pet's immunizations must be current. Unless proof of current immunization is provided, a physical exam, vaccinations, and an internal parasite test will be given at the owner's expense. _____ (INITIAL)
- Pets with external/internal parasites (including fleas) will be treated at regular cost. _____ (INITIAL)
- Any serious illness observed during your pet's stay will be treated at regular cost. _____ (INITIAL)
- We make every effort to reduce the stress on your dog while boarding with us. To ensure a calm atmosphere for all of our boarding dogs, a very mild tranquilizer may be administered to a dog who barks excessively.
- The owner will be charged a regular medicated boarder cost per day plus the cost of the medication. _____ (INITIAL)
- Bedding, toys, food dishes, etc. are provided. We discourage you from bringing personal items because they are likely to get mixed up with ours. Animal Hospital of Factoria cannot be responsible for lost items.
- I understand that my dog will get walked daily outside on a leash. I understand the doctors and staff will use all reasonable precautions to prevent injury, escape and/or the death of my pet. _____ (INITIAL)
- I will not hold the doctors and/or staff responsible in case of such an event. I authorize Animal Hospital of Factoria to release my pet to animal control in the event that I abandon my animal and cannot be contacted 72 hours after scheduled pick-up date. _____ (INITIAL)

Cell Phone or Emergency Contact: _____ () _____
Name Phone #

I am the owner or the representative of the owner of the animal presented and have the authority to execute this consent. I have read and agree to the above conditions:

Signature of person responsible: _____ **Date:** _____