**Bluffton Veterinary Hospital & Pet Care Center**

**Boarding Release/Check-in form**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In the event of an emergency, I understand BVH&PCC will attempt to contact me *ONE TIME* at the phone number(s) that I have provided. I understand that if I cannot be reached, because time is of the essence in an emergency situation, I authorize BHV&PCC to treat my pet in a manner deemed necessary for its health and well-being. I agree to pay for any and all expenses that may be incurred, which I understand may include charges incurred from services rendered at WEST CENTRAL OHIO VETERINARY EMERGENCY SERVICES (WCOVES), if necessary. If my animal is transported to WCOVES, I understand that there will be a transport fee of $50.00 and the initial exam fee of $90.00, in addition to any treatment or diagnostics performed.
* I understand that if my pet is on medication, I will be charged a fee of $2.00 per day for administration of any such medications that I have provided. I understand that if I do not bring my pet’s own medication(s) or special diet, I will be charged for any replacement medication(s) or diets prescribed from the BVH&PCC pharmacy. If you bring medication that is NOT PRESCRIBED by a veterinarian, IT WILL NOT BE GIVEN BY OUR STAFF. PLEASE MAKE SURE ANY AND ALL MEDICATIONS ARE LISTED WITH SPECIFIC INSTRUCTIONS.
* I assume full financial responsibility for this/these animals. I understand that payment is expected when services are rendered. NO PET WILL BE RELEASED UNTIL THE BILL IS PAID IN FULL. I understand that a boarding environment is not without risk to my pet. Neither the BVH&PCC, any employee, director, nor owner of the above will be held liable in conjunction with any or all claims, including but not limited to disease, theft, fire, injury, death, injury incurred to my pet, Or to persons, other pets or property by my pet.
* We highly recommend all pets be on a quality flea preventative. Your pet will be examined for fleas before entering the kennel. If your pet has fleas, you will be charged for a Capstar pill and possibly a flea bath, which will be given to prevent spread of fleas to other pets here.
* We encourage you to bring your own food. However, if this is not possible, we will be feeding the Hill’s Science Diet line of food. If your pet needs a special prescription diet, please give detailed information as to what kind, and your feeding instructions
* **If your pet has been given an appointment for any hospital/surgical procedures to be done during their stay, an additional release form will be needed. Let us know, so that we may fill this out today.**
* If boarding more than one animal please mark: I WOULD \_\_\_\_\_\_\_ WOULD NOT\_\_\_\_\_\_\_ LIKE MY PETS BOARDED TOGETHER.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_