

Animal Care Extraordinaire
 987 SE Monterey Rd Stuart FL 34994 US
 (772) 287-2513

Boarding Release Form

Current Date:

Client ID:

Patient ID:

Client Name:

Name:

Telephone:

Species:

Address:

Sex:

Color:

Markings:

Birth Date:

Arrival:

Departure:

Vaccination	Due Date

Negative Fecal Test:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Next Fecal Due:	
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Dog(s) on heartworm preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Kind?	
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Flea prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Kind?	
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Does your pet need an exam to update any vaccinations? Yes No
 (Exam fee \$84.00 vaccinations are addtnl.)

Does your pet have any allergies? (Is any household Yes No

member allergic to food items like peanut butter?)
 Are any medicines necessary while boarding? **A one time medication administration fee of \$10.00 will be applied to total invoice.**

If yes what: _____
 Yes No

Medication List

Name of medication/ Supplements	Strength (mg/tablet or capsule; mg/mL or CC if liquid)	Dosage (How much do you give & how many times daily)

Feeding Instructions: _____ Cup x _____ Daily _____ Can/Wet x _____ Daily

Boarding Fee's

Canine	Feline
• < 20 lbs \$51.00 per night	• \$35.00 per night Does not include a bath
• 21-40 lbs \$57.00 per night	
• 41-65 lbs \$58.75 per night	
• 65 + lbs \$61.25 per night	
• Suite Upgrade \$22.25 per night (May house second canine pet in suite)	
• Daycare \$35.75 per day (8:30am-5:30pm) Does not include a bath	

Enrichment Services	Additional Services
Treat filled Kong Toy \$7/each	Happy Tail Mail \$4.25/day
Frozen Lick mat \$7/each	Dremmel \$45.00
Additional Play time (\$9/20 mins)	Anal Gland Expression \$37.25
Feline lickable treat \$3/day	

REQUIREMENTS FOR BOARDING

- All pet(s) must be current on all vaccinations.
- All pets(s) must be free of external parasites or they will be treated at owner's expense.
- If a sedation is necessary for treatment or handling, Animal Care Extraordinaire has my permission to administer such medication at owner's expense
- If no food is brought for the pet, we offer an in house diet and a feeding fee of \$3.00/day will be

applied to the invoice.

- Personal items may be left at your own risk. We are not responsible for loss or damage.
- If my pet(s) identified on this record become ill, I request that Animal Care Extraordinaire provide all medical/surgical treatment deemed necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at Animal Care Extraordinaire may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
- Pick up's must be scheduled.
- Pets may be picked up between the hours of 8:30 A.M.- 5:30P.M. Monday through Friday.
- Due to limited staffing, weekend departures incur an additional fee of \$21.75. Please note we do not accept boarding arrivals on weekends. Weekend departures must be scheduled in advance between the hours of 4:00pm-5:00pm.
- Check this box if we have your permission to use pictures we take of your pet on our social media platforms.

I have read the boarding requirements and understand the hospital's policies.

Client

Signature: _____

Date: _____