

**HOLLYWOOD ANIMAL HOSPITAL, PA**  
**Boarding Release Form**

**Client Name:** \_\_\_\_\_ **Pet(s) Name:** \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_ **Expected Discharge Date:** \_\_\_\_\_

**Emergency Contact Information-please provide a number(s) where you can be reached, and an alternate representative; in case you are unavailable.**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Requirements for Boarding:**

- All pets should be current on vaccinations, and have been vaccinated no less than 10 days prior to boarding.  
Canine Vaccines: DA2PP, Bordatella, & Rabies  
Feline Vaccines: FVRCP & Rabies
- All dogs are bathed prior to discharge. Bath post boarding is \$22.00. **This is complimentary for dogs that board 7 nights, or more.**
- Pets may only be discharged Monday through Saturday. **No discharges on Sundays or Holidays.** Your pet will be ready to go home after 3pm.  
Annex Hours are: Monday-Saturday, 8:00am-6:00pm  
Hospital Hours are: Monday-Saturday, 8:00am-7:00pm
- Pets requiring special attention during their stay (I.E. diabetics, surgery, or illness recovery pets, pets on SQ fluids, & paralyzed pets) will be charged a med/post surgical fee, rather than a boarding fee.
- Pets receiving medications will be charged \$4.80 daily, if the medication is provided by the owner. Medication dispensed by the hospital will be charged hospital medication fees.
- All patients are provided bedding. The hospital does not accept responsibility for personal belongings.
- All pets not picked up within 7 days after the expected discharge date will be considered abandoned.
- If any internal/external parasites are found on the pet during their stay they will be treated, and charged appropriately.
- In the event your pet becomes ill during his/her stay, your pet will receive diagnostics, & therapeutics deemed appropriate by the veterinarian caring for your pet, and charged appropriately. Every effort will be made to contact you prior to and during treatment.

Does your pet(s) have any medical condition(s)?  Yes  No  
If yes, Please list them below:

\_\_\_\_\_

Will your pet be taking any medication while boarding?  Yes  No  
If yes, Please list them below:

\_\_\_\_\_

\_\_\_\_\_

Did you bring your pet(s) own food, or is your pet on any special diet?  Yes  No  
If yes, please list diet & feeding instruction:

\_\_\_\_\_

\_\_\_\_\_

If you are boarding more than one pet, do you want your cats/dogs boarded together?  
 Yes  No  N/A

I have read and understand the following guidelines. I accept full financial responsibility related to the treatment of my pet.

**Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_