

FOUR PAWS @ FOUR POINTS
Boarding Release

Client Name: _____

Pet's Name: _____

Diet: _____

Hill's Science Diet Maintenance (kibble) is fed to **all** boarders unless otherwise requested.
Owners may provide the pet's regular food if desired.

We will always attempt to reach you if any medical problem arises with your pet. If we are unable to reach you please

CHECK ONE ONLY:

_____ I authorize the doctors at Four Paws @ Four Points to give reasonable treatment to my pet if necessary for her/his comfort.

_____ Please do not perform any treatment beyond life-saving on my pet until I (or my agent) is contacted.

Other services requested: (Indicate on back)

- Dogs: **Clean-Up Bath and Brush Out** –Includes Nail Trim
(small-\$28.50, medium-\$34.00, large-\$44.00, extra large - \$54.00 — LONG HAIR-ADD \$14.50)
- **PLAYTIME !** \$6.10 per session.
- **FROSTY PAWS !** Delicious doggie ice cream-\$2.90 per serving
- Nail trim only (\$12.10)
- Sunday Pick-up between 7 and 7:30 PM ONLY (to include cost of boarding Sunday; pre-payment required)
- Administer medication per treatment (\$0.67)

Medication: _____ Times per day: _____ (am/pm)

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IN ORDER TO PROTECT YOUR PET AND OTHER PETS FROM DISEASE, WE REQUIRE THAT ALL ANIMALS ADMITTED FOR ANY SERVICES HAVE CURRENT VACCINATIONS. A physical exam is required for your pet prior to vaccinating if it has never been a patient of Four Paws @ Four Points. This is to ensure that your pet is healthy and will receive optimum protection from the vaccinations. If any or all vaccinations are due, your pet will be examined and vaccinated at owner's expense. Please let us know if your pet is showing any signs of illness.

Please note that our hospital is flea free. All pets will be checked for fleas at time of admittance.

If fleas are found, treatment will be performed at owner's expense.

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I agree to indemnify and hold the veterinarians and staff harmless from and against all liability arising out of complications from the boarding of my pet(s).

Telephone Where You Can Be Reached: _____

Emergency Contact (this is a person authorized to make decisions about your pet if you cannot be reached)

Name: _____ Phone No: _____

I have read and understand all of the above policies:

Signature: _____

Date : _____