

Hawthorne Animal Hospital

11966 Roe Ave, Overland Park, KS 66209
Ph: (913) 345-8147 Fax: (913) 345-0801

Hours of Operation: M,W,Th,F 7:30 – 5:30
Tues 7:30-7:00 Sat 8:00-Noon Sun-Closed

Canine Boarding Release Form

First Name _____ Last Name _____

Emergency Number & Name for us to reach you, if needed, during boarding: _____

Permission for another person to pick up: Yes___ No___ If yes, whom?: _____

Patient/dog name(s): _____

Arrival day & date: _____ (**drop off *at least 2* hours prior to closing time)

Departure day & date: _____ If known, will the pickup time be: Morning Y/N ? or Afternoon Y/N ?

What brand of food does your pet eat? _____

****We Provide Science Diet and iVet foods. If your dog eats a different diet that you want fed while boarding, please bring it with you. We may add canned food if we feel it necessary for the health of your dog.**

****Please let us know if your dog is on a restricted diet****

How much does your pet eat? (in cups/cans) _____ How often _____

Are any Medications necessary while boarding? Y/N (additional medication administration fee will be charged)

Please list medications, dosages and the time they are given: _____

I request my dogs be boarded together in the same kennel (upon hospital discretion): Y / N

Date of last flea product given and name of product used: _____

For an Additional Fee:

Would you like your dog(s) to play in the Doggie Daycare? (Not available on Sundays)

“Group play” is offered Mon-Fri if your pet wants to meet friends. If your pet isn’t into social activities

“Individual play” is available Mon-Sat. (Some dogs will go into individual play with their other family members OR if not playing well with others.)

Group play: Dog name(s) _____ # Days playing: _____

Individual Play: Dog name(s) _____ # Days playing: _____

Would you like your dog(s) bathed while boarding? Yes___ No___ * if yes, which dog _____

Would you like your dog(s) groomed while boarding? Yes___ No___ * If yes, which dog _____

**Please understand there is no guarantee of a bath or groom unless confirmed in person at check in.*

Grooming Instructions: _____

Requirements for Boarding

1. All dogs must be current on all vaccinations including Rabies, Distemper Combo, Bordetella & Bivalent Influenza and must have had a negative fecal test within the last year. (Proof of vaccinations must be shown at time of check in or before)
2. All dogs must be free of signs of external parasites (ex. Fleas, Ticks, etc.) or they will be treated at owner’s expense.
3. Hawthorne Animal Hospital has my permission to do whatever is necessary should an emergency arise with my pet, and I understand that I am financially responsible for this treatment.
4. If my dog experiences a mild gastrointestinal upset, needs anxiety medications and/or a tranquilizer is necessary for treatment or handling or for the well-being of the pet, Hawthorne Animal Hospital has my permission to administer medication for treatment without prior notification.
5. Pets must be picked up before 5:30 PM on Monday, Wednesday, Thursday & Friday, before 7:00 PM Tuesday and before Noon on Saturday. No Exceptions. Pets will be charged an additional night of boarding if not picked up prior to the closing time. No Sunday pickup.

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

Signed: _____ **Date:** _____