

Hawthorne Animal Hospital

11966 Roe Ave
Overland Park, Kansas 66209
(913) 345-8147

Canine Boarding Release Form

First Name _____ Last Name _____

Phone _____ Emergency Number _____

Permission for another person to pick up: Yes ___ NO ___ if yes who? _____

Patient/pet name(s): _____

Arrival date: _____ Departure Date: _____

What brand of food does your pet eat? _____

****We Provide Science Diet, and iVet foods if your Pet is on a diet other than this please bring it if you wish us to continue feeding it. **Please let us know if your pet is on a restricted diet****

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

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

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

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

For an Additional Fee:

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

“Group play” is offered if your pet wants to meet friends. If your pet isn’t into social activities “Individual play” is available. (Some pets will go into individual play with other family members).

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

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

Would you like your pet(s) bathed while boarding? Yes ___ No ___ * if Yes which pet _____

Would you like your pet groomed while boarding? Yes ___ No ___ * If yes which pet _____

Grooming Instructions: _____

Requirements for Boarding

1. All animals must be current on all vaccinations including Rabies, Distemper Combo, Bordetella 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 animals 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 pet experiences a mild gastrointestinal upset 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 such medication for treatment without prior notification.
5. Pets must be picked up before 5:30 PM on Monday, Wednesday & Friday, before 7:00 PM Tuesday & Thursday, and before Noon on Saturday. No Exceptions. Pets will be charged an additional night of boarding if not picked up prior to close.

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

Signed: _____ Date: _____