

GATEWAY ANIMAL CARE GROUP, PC
New Hope Veterinary Clinic
5420 Highway 41 A, Joelton TN, 37080
615-247-8688

BOARDING POLICY / RELEASE FORM

<date>
<animal>

<first-name> <client>

In case of illness or injury, I the undersigned, do hereby give my authorization and consent for the doctors of the hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the hospital.

They are to use all responsible precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Ten days after such written notice the pet(s) will be considered abandoned and the clinic will thereby take ownership of the pet. It is further understood that such action shall not relieve me from paying all costs of the services, including the cost of the boarding services.

****We do reserve the right to treat your pet(s) for external and/or internal parasites (i.e., fleas, ticks and intestinal worms)****

***Canine Requirements for Boarding:**

- Current Da2LPP Vaccination
- Current Rabies Vaccination
- Current Bordetella Vaccination (required every 6 months)
- Negative Parasite Screen/Fecal Test (required every 6 months)
- Negative Heartworm Test (required if over 6 months of age and not on prevention)

***Feline Requirements for Boarding:**

- Negative FeLV/FIV (Feline Leukemia and AIDS Test)
- Current Feline Leukemia/Distemper Vaccination
- Current Rabies Vaccination
- Negative Fecal Test (required every 6 months)

Begin Boarding Date:

Ending Boarding Date:

Telephone Number Where Owner Can Be Reached:

Signature of Owner: <signature-image>