

Morris Animal Hospital
14546 State Road 23 Granger, IN 46530
(574) 271-1909

Owner's Name: _____ Pet's Name: _____

Boarding Dates: _____ to _____ Room Size: _____

BOARDING RELEASE FORM

Authorization for Medical Treatment: (Please review the two statements below and initial one choice per statement.)

Authorization of necessary emergency diagnostic, medical, or surgical treatment for my pet in the event that I cannot be reached:

- () Provide any necessary treatment (no cost limit) () I decline treatment for my pet
() Treatment not to exceed \$500 () Treatment not to exceed \$200

Authorization for treatment for urgent medical problems that are identified during my pet's stay (i.e. diarrhea, vomiting, skin problems, ear infections, etc.):

- () Provide any necessary treatment (no cost limit) () I decline treatment for my pet
() Treatment not to exceed \$500 () Treatment not to exceed \$200

Required Immunizations: Pets with overdue vaccines will receive a physical exam with updated vaccines at your expense.

Medication Administration Fees: There is an additional charge of \$1.80 per administration for giving medications.

Fees for Bathing and Flea Control: We adhere to strict guidelines for patient care and cleanliness. Bathing fees are \$12.55 per partial bath and \$29.65 to \$64.50 or more for a full bath. Cost depends on the amount of time required to care for your pet and these fees are due upon discharge. **Pets with fleas will be treated upon admission to the hospital for a \$9.70 fee.**

Optional Services Available: (Please initial below to indicate additional services desired.)

- () **ADDITIONAL PLAY & EXERCISE TIME:** We are happy to provide an extra exercise time at midday for both dogs and cats for \$4.75 per day.
- () **NAIL TRIM:** \$18.15
- () **BATH:** \$29.65 to \$64.50 depending on size. _____ PM Pick-up Time
(Your pet will be bathed the morning he/she is scheduled to go home. Please plan to pick up after 12PM to allow sufficient drying time.)
- () **INTERNAL PARASITE EXAMINATION:** \$22.35
- () **ADDITIONAL MEDICAL or SURGICAL SERVICES:** Please specify below:

Please note that your pet can only be picked up during regular business hours. Pets picked up before 1:00 p.m. will not be charged for that day.

I have read the information above and agree to the terms outlined. I am the owner or authorized agent of the owner.

Signature _____ Date _____

Owner contact phone number _____ Staff Member Initials _____

(Please leave a number where we can reach you while you are away.)