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)
( ) Treatment not to exceed $500
( ) Treatment not to exceed $250
( ) I decline treatment for my pet

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)
( ) Treatment not to exceed $500
( ) Treatment not to exceed $250
( ) I decline treatment for my pet

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

Fees for Bathing and Flea Control: We adhere to strict guidelines for patient care and cleanliness. Bathing fees are $14.40 per partial bath and $33.90 to $105.40 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 up to $15.00.**

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 $5.00 per day.

( ) **MEDICATION ADMINISTRATION**: There is an additional charge of $1.85 per administration for giving medications (not to exceed $3.70 per day). Once or twice daily (please circle)

( ) **NAIL TRIM:** $15.50

( ) **BATH:** $33.90 to $105.40 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:** $26.30

( ) **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.)

E-mail Address: _____ Time _____