

# Park Animal Hospital & Pet Resort

1615 South State  
(801) 374-0622  
Provo, Utah

## BOARDING RELEASE FORM

Name of Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

Primary Contact Number:

Additional Contact Number:

Emergency Contact Name:

Phone:

Animal's Name:

Gender:

Breed:

Color:

I certify that I am the owner or authorized agent of the above animal and do hereby consent and authorize the Park Animal Hospital and its staff to care for my pet while I am gone. If through no fault of the Park Animal Hospital doctors or staff my pet should injure itself in an escape attempt, refuse food, become ill, or pass away while being in the care of the Park Animal Hospital, I will not hold the animal hospital and the staff responsible and/or liable. **I also certify that my pet cannot jump a 6 foot fence, and will not hold the animal hospital and its staff responsible or liable if my pet escapes over the fence.** I authorize the Park Animal Hospital to treat my pet if any illness or injury occurs during its stay. I also understand that the Park Animal Hospital is not responsible for any lost or damaged articles that have been left with my pet.

I realize that I am responsible for payment in full for care and treatment of my animal at the time my pet is picked up, unless my pet will stay at the Park Animal Hospital for more than two weeks. In this situation, payment in advance is required for my pet's entire stay at the time my pet is admitted for boarding. If I neglect to pick up my pet after 5 days from the pick up date listed below, it will be considered abandoned. The Park Animal Hospital is then authorized to do with the animal as they see fit. Abandonment does not release me from my obligation to pay the bill. My bill will then be increased by 35% and sent to a collection agency. I will be held responsible for all collection and legal fees incurred.

I also understand that animals that have not received their complete series of vaccinations at least 10 days prior to exposure to any contagious illnesses are at risk of contracting them. I realize that the Park Animal Hospital does its best to isolate animals with contagious illnesses from the boarding animals, but some illnesses are carried in the air, so my pet is at risk of contracting one of these illnesses if it is not completely up to date on its vaccinations. Understanding these risks, I still choose to leave my pet at the Park Animal Hospital and release them from any responsibility if my pet contracts an illness that is preventable by vaccinations.

## WHICH BOARDING EXPERIENCE DO YOU WANT YOUR PET TO HAVE?

\_\_\_\_\_ **Luxury Boarding** at an additional cost it comes with two sessions of playtime. Also feature more luxurious runs, bedding and toys. All animals receive a mid-day treat and a bed time snack. You may purchase extra half session of play time for \$10. Just let us know how many you want \_\_\_\_\_

\_\_\_\_\_ **Traditional Boarding** animals are out to the bath room 3 times daily. You may purchase a half session of play time for \$10. Just let us know how many you want \_\_\_\_\_

## WHILE YOUR ANIMAL IS STAYING WITH US:

For your convenience these additional services can be done while they are staying with us, please circle any you would like done:

Nail Trim	\$15.30	Parasite Testing	\$30.86
Ear exam and clean	\$35.50	Heartworm Testing	\$43.43
Anal Gland Expression	\$15.30	Bath	\$29.80
Teeth Clean	By weight	Microchip Implant	\$47.30

Name of person who will pick up the animal: \_\_\_\_\_

Date the animal is to be picked up: \_\_\_/\_\_\_/\_\_\_ Approximate Pickup Time: \_\_\_\_\_ (AM/PM)

Owner or authorized agent's signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_