

**Boarding Policies and Release Form**  
**www.sarnoanimalhospital.com**

While your pet is staying with us, we assure you that he or she is receiving excellent care and our full attention. Your pet is staying in our air – conditioned facilities. If you have any questions, please ask any of our staff members!

**\*\*Any boarder that has not been seen by our doctor in the last 12 months must have a pre-boarding exam done by our staff doctor-\$43 X \_\_\_\_\_**

**Vaccinations:** All boarders must be current on vaccines, heartworm test (K-9 only), **and heartworm preventative**-must have proof at time of drop off. He/She must also have had a negative fecal in the past 12 months. X \_\_\_\_\_

**Fleas:** To remain a flea free environment, all animals in the hospital with fleas or ticks will be treated at the expense of the owner. X \_\_\_\_\_

**Grooming:** Sarno Animal Hospital cannot be held responsible for matted pets. Please make prior arrangements with the groomer if needed before boarding at this facility. X: \_\_\_\_\_

**Feeding & Medications:** It is important that all pets stay on their normal diet while boarding. Please provide the necessary amount of food for your pet for the dates he/she will be boarding with us. There is also a small administration fee for any medications to be given to your pet while he/she is with us. X \_\_\_\_\_

**Supplies & Toys:** If you are leaving any toys or bedding with us, please limit them to 1 or 2 so that they do not get misplaced or accidentally taken. X: \_\_\_\_\_

**Emergency Treatment:** Please be aware that some pets can become stressed while away from their owners and become ill during boarding. This is completely unavoidable. In the event that my pet becomes ill during its visit, I hereby authorize any emergency treatment and/or administration of medication deemed necessary by Dr. Ponte and staff. I understand this includes diarrhea, ear infections, skin infections and emergency illness .X \_\_\_\_\_

I agree to pay fees for all services rendered at the time the pet is discharged from Sarno Animal Hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located.

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Emergency # \_\_\_\_\_

Boarding From \_\_\_\_\_ to \_\_\_\_\_

Pet Name \_\_\_\_\_ K-9 Feline

In Weight \_\_\_\_\_# Out Weight # \_\_\_\_\_