



3310 W. Elkhorn Rd.

N. Las Vegas, NV 89084

(702) 778-4443 [Office] (702) 778-3022 [Fax]

## Aliante Animal Hospital Boarding Release Form

### Owner and Pet Information

Client Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Pet Name [1]: \_\_\_\_\_ Pet Name [2]: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Alternate Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Food, Belongings, and Medications

I would like my pet(s) fed Aliante's in-house food.    Yes    No

My pet(s) have their own food.    Yes    No

Feeding Instructions [amount/times per day]:

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Instructions for Treats:

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Food Allergies: \_\_\_\_\_

If boarding pets together, do they need to be separated during feedings?    N/A    Yes    No

Does your pet(s) need to be separated from other pets for walks?    Yes    No

Medications have an additional charge of \$2.50/medication per day for administration.

Diabetics have a different charge of \$4.50/day. All medications must be supplied by owner(s).

Name of Medication(s)	Amount	Instructions	Last Given



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Please list any behavioral information below. [Ex-aggressive over toys/food/other animals]

[Empty box for behavioral information]

Has your pet(s) ever attended daycare/boarding? Yes No

If yes how was the experience?

\_\_\_\_\_

Does your pet(s) have any past injuries, medical problems or any current conditions?

\_\_\_\_\_

Is your pet(s) frightened around anything? \_\_\_\_\_

How well does your pet get along with other animals [1] aggressive [5] doesn't mind [10] excellent

Circle one 1 2 3 4 5 6 7 8 9 10

Has your pet(s) ever bitten anyone? What were the circumstances?

\_\_\_\_\_

Has your pet(s) ever jumped or climbed over a fence? How high was it? What type of fence?

\_\_\_\_\_

**Health Requirements**

**Must have written proof prior or the same day that all vaccines and fecal are up-to-date.**

Aliante Animal Hospital will update vaccines and fecal samples for all boarders at the owners expense if not up-to-date. Aliante Animal Hospital will exercise reasonable care of the pet(s) during your pet(s) stay. Although we provide reasonable supervision, pets may escape, injuries occur, and transmittable diseases may happen. In consideration of these services, the owner(s) waives and relinquishes any claims against Aliante Animal Hospital, its officers, owners, employees and an agent, relating to services provided pursuant to the owners pet(s), and further agrees to indemnify Aliante Animal Hospital against all such claims.



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**Please Initial the Following:**

AGGRESSIVE PET BOARDING POLICY For our purposes, we are defining ‘aggressive’ as any patient that attempts to lunge and/or bite an individual or other animal(s) with the probable intention of doing harm. We would encourage all owners of the aggressive pet(s) to find an alternative to boarding their pet(s) in a boarding facility, such as leaving the pet(s) at home with a caretaker or taking he/she with you during travels. We understand that circumstances do not always allow for these solutions. In the event that any patient is deemed aggressive at the time of boarding admission or anytime thereafter, he/she will be categorized as an “aggressive pet”. The fee to board such pet(s) is double that of our normal boarding fees per day. The nature of such pet(s) will not allow us to extend exercise or grooming procedures to said pet(s), and we will not guarantee the condition of these pet(s) upon the owner’s return.

Initial: \_\_\_\_\_

PICK UP POLICY

If the pet(s) is/are to be picked up by someone **other than the owner**, arrangements must be made with Aliante Animal Hospital regarding pick up and payments.

Initial: \_\_\_\_\_

If the expected discharge date is changed to a later date, notification and arrangements **HAVE** to be made. If **NO** communication is made and the pet(s) is not picked up within the **10 days** of expected discharge date, they will be considered abandoned. Aliante Animal Hospital is the given the right to handle the pet(s) as deemed best.

Initial: \_\_\_\_\_

By signing below you agree and understand the policies listed in this Boarding Release Form. You also authorize Aliante Animal Hospital to care for your pet during their stay with us and you accept all financial responsibility for any and all charges generated during your pet(s) stay. Thank you for choosing our team to care for your pet(s).

Initial: \_\_\_\_\_



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### Regarding treatment of my pet(s) during their

As of 12/26/2015 the policy regarding treatment of my pet(s) during their stay is as follows...

I grant permission for any necessary veterinary emergency treatment and/or care during my pet(s) boarding stay. I realize that I am responsible for cost and agree to this new policy.

Initial: \_\_\_\_\_

### Reasonable Care Policy

Aliante Animal Hospital will exercise reasonable care of the pet(s) during your pet(s) stay. Although we provide reasonable supervision pet(s) may escape, injuries occur, and transmittable diseases may happen. In consideration of these services, the owner(s) waives and relinquishes any claims against Aliante Animal Hospital, its officers, owners, employees and any agents, relating to services provided pursuant to the owners pet(s), and further agree to indemnify Aliante Animal Hospital against all such claims.

Initial: \_\_\_\_\_

Aliante Animal Hospital reserves the right to isolate any pet(s) to ensure the safety of all inhabitants including staff, customers, and patients. In addition there will be no refunds issued to the owner for unforeseen occurrences.

Initial: \_\_\_\_\_

By signing below you agree to the terms of our boarding stay and agree to follow them as discussed above.

X \_\_\_\_\_

Date:    /    /