

Claws and Paws Inn

Release Form

Owner(s) Name(s): _____

Pet(s) Name(s) : _____

Main Phone Number: _____ Secondary Phone Number: _____

Address: _____

Email: _____

Emergency Contact(s): _____ Phone: _____

Veterinarian: _____

All pets must be free of external parasites (fleas, ticks, lice, etc.)

Product used: _____ Date of last application/given: _____

Please initial each statement:

_____ If live external parasites are found on your pets, they will be treated at the owner's expense.

_____ Check-in **before** 1 PM is a \$10 additional fee **per pet**. Check-out **after** 10 AM is a \$15 additional fee **per pet**.

_____ Medications are **\$3 per day/per pet**. Prescribed medications must be in the original container with a prescription label. Over the counter medications must be labeled with name and dosage. This is required by the Department of Agriculture.

_____ House food is available for pets boarding with us. Our house food is Purina ProPlan EN in both wet and dry food. House food is **\$3 per day/per pet**. We encourage owners to bring their own food (individually packaged or whole bags).

_____ Grooming is **by appointment only** per Tanya, our groomer. Pets boarding with a grooming appointment should be confirmed with the groomer. Non-appointment grooming requests are subject to availability only and must be written on the grooming request sheet.

_____ All dogs and cats must be up to date on required vaccinations (DOGS: Rabies, Distemper/Parvo, and Bordetella. CATS: FVRCP and Rabies; Bordetella is recommended)

_____ I, owner, give Catawba Heights Animal Hospital permission to treat a life-threatening condition and/or emergency without his/her prior consent, and take financial responsibility for **all** treatments/medications completed/given to my pet(s).

_____ If sedatives/tranquilizers are necessary for treatment or handling, I give Catawba Heights Animal Hospital Permission to administer such medication.

_____ If deemed medically necessary, I give Claws and Paws Inn permission to transport my pet to a local 24-hour Veterinary Facility (CARE or Carolina Veterinary Specialists).

_____ If a non-emergency arises, Catawba Heights Animal Hospital will contact the owner by phone and/or email to explain necessary treatment and obtain approval. We will also attempt to contact the Emergency Contact listed via phone and/or email. If we do not hear from the owner or Emergency contact within 24 hours, we will proceed with treatment at the owner's expense.

_____ Dogs are leash walked several times a day outside. I give permission for the staff of Claws & Paws Inn to walk my dog(s) outside throughout their stay.

_____ We take all precautions to prevent illness and injury from happening during your pet's stay. Due to the nature of a boarding facility, it is possible that your pet might come into contact with communicable diseases and/or become injured during their stay. If a pet becomes sick and/or injured during their stay with us, it is the owner's financial responsibility to treat the illness/injury.

Dog Socialization: I would like my dog(s) to socialize with other dogs during their stay.

_____ **Yes** _____ **No**

All dogs who are not spayed or neutered will not be allowed to socialize with other dogs during their stay per the Department of Agriculture

Dog Elevated Beds: Elevated beds are provided for any dog boarding in a run type kennel. Please indicate if you would like your pet to have an elevated bed to sleep on. We do not recommend an elevated bed for dogs who are anxious chewers. Claws & Paws Inn is not responsible for any injury that may occur to any pet while using the bed.

_____ **Yes** _____ **No**

Printed Name

Date

Signature