

Your pet is extremely important to us. Your pet's safety and well-being is our number one priority and want to assure you that every effort will be made to make your pet's stay with us as pleasant as possible. Please carefully read the below release form and sign and date the bottom. We look forward to caring for your pet during their stay with us!

Vaccination Requirements:

- Canine - Rabies, DHPP, Leptospirosis and Respiratory (Bordetella) and Intestinal Parasite Screen
- Feline - FVRCP, Rabies and Intestinal Parasite Screen

I understand that all pets must be parasite free and if my pet is found to have fleas, ticks, or parasites they will be treated at an additional cost.

I understand that if the necessary vaccinations are not current, or no proof of vaccinations is provided, the necessary vaccines/intestinal parasite screen will be done at the time of admission.

Belongings, Food and Hours of Operation:

I understand that if I choose to bring bedding, bowls or toys for my pet, you do so at your own risk. We will do everything to ensure the items you bring will be clean and sent home with your pet but we cannot guarantee that your own items may not be misplaced or damaged. We suggest that you bring your pets food from home to avoid gastrointestinal upset, but we do have dry food (Royal Canin Gastrointestinal Low Fat) available, if required, that we can feed your pet at the amount and times you request.

You may pick up your pet anytime we are open, if your pet cannot be picked up between these hours you will be charged another nights lodging. For the safety of our staff we are unable to stay late or come in early to intake or discharge your pet before or after business hours.

Medical Conditions:

I agree to disclose to Stonebridge Veterinary Hospital any medical conditions, current medications prescribed, allergies or special dietary needs my pet may have:

Medical Conditions: _____ Drug/Food Allergies: _____

I understand that I am responsible for additional daily cost of insulin administration (or any other medication that requires veterinary supervision) while my pet is lodging. The cost is an additional \$5/day.

Behavioral Issues:

I agree to disclose to Stonebridge Veterinary Hospital any behavioral issues or concerns, including but not limited to, excessive barking, chewing, destructive behavior, biting, growling, dog/people/cat aggression, food or toy aggression, kennel aggression, climbing, jumping (over fences) etc.:

Behavioral Issues/Notes: _____

If housemates are lodging together in one kennel, I understand that I will disclose food aggression or dominant aggressive behavior. Please note, if any of these behaviors are noted by our kennel staff they will be separated and the owner will be charged the regular fee for a separate kennel. I understand that I will be responsible for paying for any medical treatment that may be incurred if housemates lodging together become aggressive towards one another, resulting in injuries.

Treatment Release:

If my pet becomes ill or injured while lodging, Stonebridge Veterinary Hospital will make every reasonable effort to reach me with the contact information that I have provided on this form. However, if I am unable to be reached, I authorize Stonebridge Veterinary Hospital to:

(Please check ONE option)

DO Veterinarian exam and any treatment/medications the Veterinarian on duty deems necessary until my pet is discharged.

DO Veterinarian exam and treatment/medications deemed necessary up to \$_____.

DO NOT examine or treat my pet until I can be reached. I understand that delaying treatment may worsen the condition, resulting in more extensive medical treatment, physical harm or death.

Photo Release:

I grant Stonebridge Veterinary Hospital the right to take pictures and/or video of my pet for purposes of continuing education, medical publications, promotional purposes and social media.

Do not use my pet's photos.

The hospital is to use all reasonable precautions against illness, injury or escape of my pet(s), but the hospital will not be held liable or responsible for care or treatments that are beyond its control. I accept the financial responsibility for treatment and understand that payment is due in full at the time of discharge.

Pets Name: _____ Responsible Party: _____ Signature: _____ Date: _____
(Print Name)

Phone Number: _____ Alternate Contact Number: _____