

THE FETCHING POST

BOARDING RELEASE & CONSENT FORM

PET NAME: _____

CLIENT NAME: _____

CONTACT NAME: _____

CONTACT #: _____

DROP OFF DAY/DATE: _____

PICK-UP DAY/DATE: _____

(ADJUSTED PICK-UP DATE: _____ STAFF INITIALS: _____)

FEEDING INSTRUCTIONS: CHECK AND COMPLETE WHERE APPLICABLE

AM MEAL _____

MIDDAY MEAL : _____

PM MEAL _____

FREELY FED: _____

WAS MEAL GIVEN THIS MORNING? Y/N

WAS MEAL GIVEN THIS EVENING? Y/N

MEDICATION INSTRUCTIONS: CHECK AND COMPLETE WHERE APPLICABLE

AM MEDS _____

MIDDAY MEDS: _____

PM MEDS _____

WAS MEDICATION GIVEN THIS MORNING? Y/N WAS MEDICATION GIVEN THIS EVENING? Y/N

CLIENT REQUESTED SERVICES WHILE BOARDING:

FULL HAIR-CUT

BATH (W/ WORKS)

TUNE-UP

NAIL TRIM ONLY

DENTAL

VETERINARIAN'S NAME: _____ PHONE #: _____

I HAVE TAKEN **PROPER PRECAUTIONS** TO ENSURE THE HEALTH OF MY PET PRIOR TO BOARDING INCLUDING **VACCINATIONS AND PREVENTATIVES**.

I GIVE THE FETCHING POST PERMISSION TO **CONTACT** AND **TRANSPORT** MY PET TO MY VETERINARIAN FOR **MEDICAL TREATMENT** IF NEEDED, AT **MY ENTIRE EXPENSE**.

PLEASE CHECK HERE to request that your pet be allowed "**FREE PLAY**" and **INTERACTION WITH OTHER PETS**.

SIGNATURE OF CLIENT: _____ **DATE:** _____

FOR OFFICE USE ONLY

BOARDING BALANCE \$ _____/night X _____ nights = \$ _____

ADDTNL SERVICES BALANCE \$ _____

TOTAL BALANCE FOR THIS PET ONLY \$ _____

CLIENT PRE PAYMENT DATE: _____

STAFF MEMBER'S INITIALS RECEIVING PAYMENT _____

PAYMENT TYPE: CASH / CHECK / CHARGE

EXTRA SERVICES DATE: _____ * Did you schedule these services in the appt book?
(FROM FRONT)

LEASH: _____

COLLAR: _____

FOOD: _____

BEDDING: _____

TOYS: _____

DRAWER # _____

STAFF NOTES TO CLIENTS FOR DISCUSSION AT PICK UP: