



## Release Form

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Available Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

College Park Road Veterinary Clinic will make several attempts to contact you in the event of an emergency regarding your pet while in our care. If you are unable to be reached and emergency treatment or surgery for your pet is deemed necessary by a veterinarian, such treatment or surgery will be initiated, and you will incur all financial responsibility. I understand this includes parasite treatment, lethargy, vomiting and diarrhea.

College Park Road Veterinary Clinic will use all reasonable precautions against injury, escape, or death of your pet, but will not be held liable or responsible in any manner as it is thoroughly understood that you assume all risks.

All charges including boarding costs shall be paid upon release from the hospital. If you do not pick up your pet within 24 hours after the time specified for pick up, and if the boarding kennel is not notified of an alternate date within a 10-day period, your pet will be considered abandoned and will become property of College Park Road Veterinary Clinic. Understand that this does not relieve you from paying for all cost of services and use of hospital including the cost of boarding.

I understand pictures may be taken of my pet during their stay and these pictures may be used for advertising.

I understand that if live fleas are found on my pet that College Park Road Veterinary Clinic has authorization to administer a flea preventative and I understand that I assume all costs involved.

We cannot accept check payment on Sunday. If picking up on Sunday and paying by check, payment is required at drop off.

I acknowledge that the kennel hours are as below and that no one will be available to check your pet out when the facility is closed.  
**Monday-Friday 8am-6pm Saturday- 8am-12pm Sunday 9am-10am & 4pm-5pm**

I understand there will be a \$5.00 per day charge for pets being fed house kibble.

I understand that after 2 "no call/no shows" payment will be due in full when future reservations are made.

I understand that check out is 1 PM and if my pet is not picked up by that time, I will be charged for a full day of boarding.

I WOULD LIKE MY PET TO PARTICIPATE IN PLAYTIME WITH OTHER PETS. During this play time your pet will be playing with other dogs. While we take all precautions to match dogs play level and size with similar dogs, we do realize that dogs can be unpredictable, and accidents (bumps, bruises, scratches and bites) can happen. By initialing this line you agree to our hold harmless below.

           **I DO NOT WANT MY PET PLAYING WITH ANY OTHER BOARDERS AND WOULD ONLY LIKE INDIVIDUAL PLAYTIME.**

I understand and agree that in admitting my pet(s) to College Park Road Boarding Kennel, the owner(s) of College Park Road Boarding Kennel have relied on my representation that my pet(s) are in good health and have not harmed or shown aggression or threatening behavior toward any person or any other pet.

In agreement of being permitted to use the services and facilities of College Park Road Boarding Kennel, I, the undersigned owners(s), hereby release, waive, and discharge College Park Road Boarding Kennel owner(s), staff, volunteers from all liability for any and all loss or damage, and any claim or damages resulting there from, on account of injury, loss, damage, infestation, or disease to my pet(s) even injury resulting in death while my pet(s) are under the care of College Park Road Boarding Kennel.

I agree to indemnify College Park Road Boarding Kennel, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to my presence or the presence of my pet(s) in or upon College Park Road Boarding Kennel premises and while my pet(s) are under the care of College Park Road Boarding Kennel.

I hereby assume full responsibilities for any harm caused by my pet(s) while in or on the premises and while my pet(s) are under the care of College Park Road Boarding Kennel. I further agree to indemnify College Park Road Boarding Kennel, its owner, staff, and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by my pet(s).

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina.

I agree that should a court determine that any provision waiving liability is deemed unenforceable, College Park Road Boarding Kennel liability shall be limited to the funds paid to it by me for taking care of my pet(s).

I further understand and agree that any injury or illness that develops with my pet(s) will be treated as deemed best by College Park Road Boarding Kennel, and that I assume full financial responsibility for any and all expenses involved, even such expenses were later found to be unnecessary. Furthermore, should my pet(s) pass away during my absence; I direct that a veterinarian may be called to safe keep my pet(s) until our return.

           My pet is boarding from \_\_\_\_\_ to \_\_\_\_\_ I understand my daily charges will be \$             
**\*Check out time is 1:00 pm – rates charged per day.\***

## College Park Road Boarding Kennel – Client Instructions

Pets Name: \_\_\_\_\_

Belongings:

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Medication Directions:

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Feeding Directions – how much and how often is your pet fed:

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☐ If my pet does not eat, I authorize College Park Boarding Kennel to offer Royal Canin GI Formula can and/or dry food to my pet for an additional charge.

If my pet does not eat a meal I provided, I would like College Park Boarding Kennel to:

- ☐ throw the meal away  
☐ reoffer the meal at the next scheduled feeding  
☐ leave food down all day

**I have read the above and agree to the terms.**

Owner or Responsible Party: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

It is very important that there is an emergency contact available to make decisions about your pet's health if you are not able to be reached.  
Please leave the name and number of a friend or relative that can make financial decisions on your behalf.

Name: \_\_\_\_\_ Number: \_\_\_\_\_