

**Dr. K's Animal Hospital
Boarding Medical Release**

I, _____, owner of _____, hereby authorize Dr. K's Animal Hospital to institute treatment of any illness or injury developed while boarding. In the event of an illness or injury, the following protocol will be followed:

1. Courtesy phone call to owner at _____.
2. The attending veterinarian will wait 10 minutes from the time of phone call, if message was left, for a reply.
3. In the event of no reply within 10 minutes of message, the veterinarian will perform such treatment as deemed necessary for the health of the animal.
4. **All animals boarding at the hospital MUST receive stabilizing treatment—it cannot be refused.**
5. If animal is not stable enough to be maintained at the hospital overnight, the animal will be transferred to the nearest emergency clinic for overnight care and treatment.
6. All treatment costs will be paid for by owner, in addition to the costs of boarding.

Treatment authorization: If an emergency arises, I authorize the following treatment expense if needed, in addition to the boarding fees:

(please initial one) _____ under \$250.00 _____ \$250-500.00 _____ \$500+

My pet medications are:

_____	Given once _____	twice _____	three _____	times per day
_____	Given once _____	twice _____	three _____	times per day
_____	Given once _____	twice _____	three _____	times per day
_____	Given once _____	twice _____	three _____	times per day

There will be a medical administration and monitoring fee charged for administration of ANY medication given while boarding at Dr. K's Animal Hospital. The fee schedule is as follows:

1 medication, once daily:	\$3.50/day	_____ (initial)
Medication administered twice daily:	\$6.00/day	_____
Special medical administration, multiple meds:	\$10-12.00/day	_____

We will make you pet's stay enjoyable and safe while at Dr. K's Animal Hospital.

Date: _____

Signature of owner/representative: _____

Witness: _____