## Crossroads Veterinary Hospital 9500 Main Street

Woodstock, GA 30188 (770) 516-3647

## **Boarding Release Form**

## REQUIREMENTS FOR BOARDING BOARDERS PICKED UP AFTER 12:00PM WILL BE CHARGED FOR AN ADDITIONAL DAY

Influenza. Cats must be current on their Rabis required. If you cannot provide proof of the	Dogs must be current on their Rabies, Distemper, Kennel Cough & ies & Distemper. If your pet has had vaccines elsewhere, printed proof he required vaccines, then Crossroads Veterinary Hospital will hase. This is for the protection of your pets as well as others while here
All animals must be free of external para	sites (ex. ticks, fleas, etc.), or they will be treated at owner's expense if
If your pet requires medication(s) to be a \$2.50. All medications must be in their ori While we offer a quality diet here at Crossboarding, sudden food change may cause an a	sary during boarding, it will be done at the owner's expense.  Idministered while boarding, there will be an additional daily charge of iginal container(s).  In a good idea to bring your pet's food from home while upset stomach. Stress can also lead to stomach upsets. Should your pet ig with us, medications will be administered as needed, at the owners
the owner(s) will be considered abandoned ar Hospital. The owners will be responsible for Crossroads Veterinary Hospital is not to will provide blankets or bedding, and food & Crossroads Veterinary Hospital requires weeks prior to arrival date. New years Eve/D	days after the scheduled departure date, with no communication from and at that time, will become the property of Crossroads Veterinary all fees incurred up to the date of abandonment. be held responsible for any lost items (toys/blankets/bedding/etc). We water bowls for all pets boarding with us. a 2 night deposit for all Holiday boarding. The deposit must be paid 2 bay, Spring Break, Memorial Day, Independence Day, Labor Day, idered one of these holidays. Your deposit may be refunded if
By signing this document, you as the pet own	er agree to all of the above statements.
*Please choose from one of the following, sho	ould your pet require immediate treatment while here boarding.
I authorize up to \$ where no phoarding. I will settle my bill upon pick-up for	none call is needed if expenses are within this limit while my pet is here or any treatment needed.
Do not give any medical treatment until	I have been contacted
I decline all medical care-DO NO TREAT	
I have read the boarding requirements and understand the hospital's policies.	
Signed :	