

All Pets Hospital
9308 Perkins Road
Baton Rouge, LA
70810

Phone: (225) 767-2462
Fax: (225) 767-2994

ALL PETS HOSPITAL BOARDING POLICIES AND RELEASE FORM

While your pet is staying with us, we assure you that he or she is receiving excellent care and our full attention. Your pet is staying our air-conditioned facility. Dogs are walked a minimum of 4 times daily. If you have any questions, please ask any of our helpful staff.

Vaccinations: All boarders must have current vaccinations in order to board. If your pet is not current, we will give the appropriate vaccines and charge your bill accordingly.

Fleas: To remain a flea free environment, all animals in the hospital with fleas or ticks will be given a Capstar and/or bath at the expense of the owner.

Grooming: The kennel cannot be held responsible for matted pets. We do our best to brush our boarders as needed, but sometimes professional grooming is required. Prior arrangements must be made with the groomer, if an actual grooming is requested.

Feeding & Medications: All boarders are fed Hill's Science Diet. If you would like your own food served, please provide the necessary amount. There is a daily charge for the administration of medication (i.e. vitamins, pills, drops, etc.).

Supplies & Toys: All supplies necessary for boarding are provided by the hospital. If you choose to bring any supplies or toys we will be happy to put them in with your pet. Please be aware that sometimes items are misplaced or lost and All Pets Hospital is not responsible for such items.

Pick-Up Times: Drop-off and discharge times are from 7:00a.m.–6:00pm Monday thru Friday, 8:00a.m.-6:00p.m. Saturday, 8:00a.m.-10:00a.m. and 4:00p.m.-6:00p.m. Sunday. Please confirm the hours. Holidays are the exception. Hospital hours and fees may be different. Please ask!

Emergency Treatment: Please be aware that some pets are under stress while away from their owners and may become ill during boarding. This is unavoidable. If your pet gets diarrhea they will be put on a special diet and/or medication at the expense of the owner. In the event that my pet becomes ill during its visit, I hereby authorize any emergency treatment and/or administration of medication deemed necessary by the attending veterinarian. I understand this includes diarrhea, ear infections, and emergency illness.

I agree to pay fees for all services rendered at the time the pet is discharged from the Hospital or the service is otherwise terminated.

Print Name _____ Signature _____ Date _____

Emergency # _____ Boarding From _____ To _____