

**Town & Country Animal Hospital**

5204 North U.S. Highway 27

Ocala, FL 34482

(352) 840-7020

**Daycare Release Form**

I hereby consent and authorize Town & Country Animal Hospital to receive and board my pet. I understand the hospital will use all reasonable precautions for the safekeeping of the described pet, but the hospital will not be held responsible in any manner whatsoever on account of medical situations that may arise, as it is thoroughly understood that I assume all risks.

I further understand it is hospital policy that all vaccinations be up to date at the time of boarding. This includes distemper and rabies for cats and distemper, bordetella (kennel cough) and rabies for dogs. My pet must have an intestinal parasite screen done yearly. These vaccination requirements will reduce the risk to both hospital employees and boarding pets.

If my pet requires special or prescription food it will be my responsible to provide such food during my pet's stay. If I do not bring it with me and the hospital has to supply it, I understand that I will be charged accordingly. If no special diet requirements exist, all boarded pets will receive a high quality maintenance type food.

Any pet staying overnight will be charged for boarding not daycare. **Dogs infested with fleas will be given a dose of Capstar at my expense. Boarding cats will receive an application of Revolution upon entering the hospital if not already on monthly flea control medication. This will be done at my expense.** Balances for boarding, daycare, vaccinations, bathing and any necessary treatments are to be paid when pets check out. I agree to pay any amounts that are assessed by virtue of this account being sent to a collection agency. I understand that an interest rate of 18% per annum is charged on past due accounts and agree to pay same on past due amounts.

I give my authorization to keep this consent form on file, as permanent permission, for my pet whenever daycare is needed.

**Pet's Name:** \_\_\_\_\_

**After carefully reading the above, I have signed:** \_\_\_\_\_

**Please Print Below**

**Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

Special Instructions and Medications (I understand there may be an additional charge for medicating daycare animals)

**Keep On File**