



**DAYCARE**

Are you a Daycare member?     \_\_\_ Yes   \_\_\_ No

If yes, would you like your dog to go there during his/her stay?   \_\_\_ Yes   \_\_\_ No

If yes, please list which days you would like and alert Daycare:

\_\_\_\_\_

**PLEASE INITIAL:**

\_\_\_\_\_ I allow my dog to social play and understand all of the risks involved.

\_\_\_\_\_ I understand that dogs checked out after **NOON (12 PM)** will be charged for that day.

\_\_\_\_\_ I understand that HRM is not responsible for lost or destroyed items.

\_\_\_\_\_ I have read and understand HRM’s posted policies on emergency treatment, payment policy, return check fees, socialization risks and abandoned pets.

**VET RELEASE FORM**

Although the staff at Holly Ridge Manor closely monitors your pet, sometimes active play and roughhousing pose the possibility of injury. Additionally, certain illnesses and infections can be transmitted during boarding. Animals identified as being infectious will be isolated to the extent possible. Common injuries associated with boarding include, but are not limited to, bruises, lameness, abrasions, punctures, intestinal ailments (vomiting or diarrhea), coughing and skin irritations. These problems usually resolve with appropriate treatment.

If your pet develops any health problems, HRM will pursue treatment with one of the following: your veterinarian, Princess Anne Veterinary Hospital, or an emergency treatment facility. Treatment may include, but is not limited to, injections, medication, and diagnostic testing. HRM will pay for the treatment when veterinary services are rendered, but the owner/responsible party is responsible for reimbursement at time of pick up.

The staff at HRM will make reasonable effort to contact the owner and/or emergency contacts should medical treatment be needed.

In the event that no contact is reached, please indicate your preference of action:

\_\_\_\_\_ **Yes, please perform whatever services the doctor deems necessary for the best care of my pet until Someone can be reached. Not to exceed: \$ \_\_\_\_\_.**

\_\_\_\_\_ **No, do not administer any medical treatment until specific authorization is given.**

\*\*Does your pet have any pre-existing conditions or taking medication? \*\*   \_\_\_ Yes   \_\_\_ No

Explain condition: \_\_\_\_\_

I, the undersigned, so hereby certify that I am the owner (or duly authorized agent for the owner) of the animal aforementioned and authorize the doctors and staff at Princess Anne Veterinary Hospital or any other veterinary facility full and complete authority to provide medical care to promote the good health of my pet(s).

***OWNER AND/OR RESPONSIBLE PARTY SIGNATURE*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_