

ROTHMAN ANIMAL HOSPITAL

RT. 130N & DWIGHT AVENUE • COLLINGSWOOD, NJ 08107 • 856-854-7575

RELEASE FORM FOR BOARDING

Doctors & Staff
ARE NOT
on premises
overnight

Name: _____

Address: _____

Telephone: _____ Emergency Telephone: _____

Pet's Name: _____ Pet's Age: _____

Boarding Dates: _____ Till: _____

Feeding Instructions: _____

I authorize Rothman Animal Hospital to treat my pet(s) in case of an emergency and understand that every effort will be made to inform me of such and that I am responsible for cost of such treatment upon my return.

I also acknowledge that if my pet either damages or destroys any kennel facilities, I will be financially responsible to either repair or replace the damaged items.

_____ Date: _____

Last Flea Treatment: _____ Date: _____

If picking up when the office is closed, boarding must be **PREPAID**.

Pickup hours on Saturday night: **7:00 pm** | Pickup hours on Sundays/Holidays: **9:00 am** and **7:00 pm**

NO EXCEPTIONS

Please come to the employee entrance for after hours pickup.

PLEASE DO NOT PAGE THE DOCTOR IN REGARDS TO PICKING UP YOUR ANIMALS DURING NONBUSINESS HOURS.

Animals picked up before noon will not be charged for that day

BOARDING CHARGE IS \$ _____ PER DAY PLUS TAX.