

Boarding Release Form

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

All patients left in our care must have the following vaccinations current within the time period specified. Vaccinations are only valid if administered by a veterinary facility. Dates of last vaccinations must be provided. If it is found that your animal is not current on vaccines, they will be given while your pet is here and the fee for those vaccinations will be applied to your boarding bill.

*MEDICAL HISTORY:

DOGS: DHLPPCV (1 year) _____ Bordetella (6 months) _____ Rabies (1 year) _____ Fecal (1 year) _____
Heartworm Prevention: Medication Given _____ Date Given _____
CATS: FVRCP (1 year) _____ Bordetella (1 year) _____ Rabies (1 year) _____ Fecal (1 Year) _____

***WOULD YOU LIKE YOUR PET TO BE BATHED** _____ **yes** _____ **no**

***ARE ANY MEDICATIONS NECESSARY WHILE BOARDING** _____ **yes** _____ **no**

Medication _____ Instructions _____
Medication _____ Instructions _____

*** I understand** if I choose to pick up my pet(s) on **Sunday at 5:00 PM**, I am still responsible for the boarding fee incurred for that night. Please initial _____

*Additional Requirements

1. All animals must be free of external and internal parasites (ex. ticks, fleas, worms etc.), or they will be treated at owner's expense.
2. has my permission to do whatever is necessary should an emergency arise.
3. If a tranquilizer is necessary for treatment or handling, has my permission to administer such medication.

***I have read the boarding requirements and understand the hospital's policies.**

Signed : _____

Emergency Contact Number: 1. _____ 2. _____