Boarding Release Form

Client ID:	Patient ID:
Client Name:	Name:
Address:	Species:
,	Breed:
Telephone:	Sex:
Arrival Date:	Age:
Depart Date:	Weight:

EMERGENCY CONTACT & PHONE #:_____

Would you like your pet BATHED before going home? **YES** **NO**

Would you like your pet GROOMED before going home? **YES** **NO**

Would you like your pet WALKED while boarding ($10.00/walk)? **YES/NO** **How Many?** _____

Would you like your pet to participate in DAYCARE while boarding ($15/half day**)? YES/NO How Many?**_____

MEDICATIONS NEEDED? (list Name & Dosage for each med) **YES** **NO**

There is a fee for giving medications while boarding, $2.00 per dose for medication prescribed & filled by our office, $4.00 per dose for medications obtained elsewhere, and $5.00 per dose if the medication needs to be administered in the treatment room.

1.)_____

2.)_____

3.)_____

4.)_____

REQUIREMENTS FOR BOARDING

I, the undersigned, do hereby give my consent for to treat for illness or injury that may occur while boarding. will take all reasonable precautions against loss or injury, from escape, disease, theft, fire, death, injury or harm to persons, other pets or property by , but will not be held responsible for such occurrences. If remains unclaimed after the pre-scheduled departure date, I understand that written notice will be mailed to the address above, and that 7 days after such written notice, will be considered abandoned and will become the property of . Furthermore, I fully understand that such action does not relieve me from all costs and services incurred at .

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

SIGNATURE:_____TODAY'S DATE:_____

AUTHORIZATION TO UPDATE VACCINATIONS THAT ARE DUE: _____ (initial)