

BOARDING RELEASE FORM

Please note: We are not responsible for leashes, bedding or toys left while boarding.

1. Client Name: _____ Phone #: _____

2. Pet's Name: _____ Age: _____

3. Date Pet will be picked up: _____ AM or PM?: _____
If you will be unable to pickup your pet on this date please call and let us know otherwise you will be charged 1 1/2 times the regular boarding fee for each additional day.

4. Any Dog that stays with us for 7 days or more will get a complimentary bath before they go home.
If you are picking up your dog on a Monday and you would like a bath then please plan on picking them up after 12 Noon so that we can get them bathed.

5. Current vaccinations are required. Is your pet due for any vaccinations? Yes _____ No _____
We require that all dogs be current for Rabies, DHPP and Bordetella vaccinations.
We require that all cats be current for Rabies, FVRCP and Feline Leukemia vaccinations.
If your pet is due for vaccinations these **will be given** at the owner's expense.

6. Is your pet on heartworm preventative? _____
Is your pet on any other medications? (Please specify) _____

7. Is your pet on any special diet? _____

8. Special instructions. Please perform the following on my pet during boarding:
_____ Regularly Scheduled Vaccinations _____ Toenail Trim
_____ Heartworm Test _____ Fecal Examination
_____ Flea Bath & Dip _____ Other(Please Specify) _____

9. All boarders admitted with fleas or ticks **will be treated** at the owner's expense.

10. The charges will be based upon the actual number of nights boarded.

11. Phone number where owner may be reached in case of an emergency:

12. During your pet's visit they will be given a complimentary physical exam by the Doctor. I there are any abnormal findings that require treatment, would you like to be called at the number listed above or wait to be told when you pick up your pet? Call me _____ Wait _____

13. Name & Phone number of another authorized person in case of an emergency:

14. Owner authorizes the veterinarian to render any services or treatment as reasonably needed for the welfare of the pet and agrees to pay for said services at the customary rate.

15. Owner releases Veterinarian and staff of Carrollton Animal Hospital from any liability either implied, assumed, or real that may arise from boarding or treating the described animal(s).

Signature: _____ Date: _____