

## **Knoxville Animal Clinic, LLC Boarding Form**

*\*For security purposes, KNOXVILLE ANIMAL CLINIC DOES NOT ALLOW SUNDAY OR AFTER HOURS PICK UP for boarding animals or patients\**

**Date Check In:** \_\_\_\_\_ **Date Check Out:** \_\_\_\_\_

**EMERGENCY CONTACT NUMBER:** (    ) \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PET(S) NAME: \_\_\_\_\_

**\*Does your pet need to be seen by a veterinarian while boarding?**      YES      NO

**\*\*If you circled yes, please fill out a drop off form and sign below\*\*\***

**Does your pet need to be groomed while boarding?**      YES      NO      **Haircut?**      YES      NO

### **MEDICATIONS TO BE GIVEN WHILE BOARDING:**

*If you pet is diabetic requiring insulin administration, a \$10.00 weekly fee will apply.*

1. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_  
2. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_  
3. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_  
4. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

### **SPECIAL DIET/OWN FOOD WHILE BOARDING (if applicable):**

Diet Name: \_\_\_\_\_ Amount to be fed \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

**PLEASE LIST ALL ITEMS BROUGHT WITH YOUR PET** (if applicable: toys, blankets, treats, etc): \_\_\_\_\_

### **Knoxville Animal Clinic, LLC** **Boarding and Treatment Release Form:**

Release for treatment, I the undersigned do certify that I am the owner, or authorized agent of the owner of this animal(s); that I hereby authorize Knoxville Animal Clinic, LLC, their agents and representatives, to perform medical or surgical procedures, physical examinations, anesthesia, x-ray examinations, administer drugs, or other such treatment(s) as the veterinarian deems necessary while boarding. I agree to accept responsibility for the payment of all services rendered.

All boarding animals are required to be up to date on vaccinations, free of parasites, fleas, and ticks. If your pet is not up to date on vaccinations or fleas/ticks are found on your animal, treatment will be given and charged to your account. In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection costs, court costs, and/or any other expenses incurred during collection. I hereby state that I have read this release, that I understand the agreement and that I may request a copy of this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_