BOARDING RELEASE FORM



Thank you for choosing Country Hills Veterinary Clinic to care for your pet!

*When your pet is boarded, we ask that you leave an emergency number where a family member or friend can be reached. It is the policy of our hospital that if an animal should become ill, we have permission to treat your pet, unless we are given instruction to the contrary. We feed Science Diet Canine/Feline Maintenance dry to all of our animals. If your pet requires a special diet please let our staff know. Also if for any reason your pet should become ill **after** boarding with us, please call the clinic and inform us of the situation asap. We do not accept boarding pets between 12pm-1pm during week days. Please bring your pet in for check in before 5:30pm on week days and 11:30pm on Saturdays to give your pet enough time to settle in before we leave for the day.

REQUIRED INFORMATION: Please answer the following questions

We require all pets boarding to have had a physical exam at Country Hills Vet Clinic within one year. One of our doctors will perform an exam if it is needed (there is an additional charge for this).

Is your pet curre	nt on his/her yearly exam?	YES	NO
Bordetella, Rabies,	staying with us, we require them to be and DHLPPC. A heartworm test and a flu shot. If your dog is not current at a boarding charge.	fecal check is als	o required. We are also
	taying with us, we require them to be Distemper. Also felines are required a.		•
Is your pet current	t on vaccinations / treatments?	YES	NO
We require all pets to owner's expense.	be free of fleas . If we notice fleas or	n your pet we wil	l treat them immediately at
Is your pet on flea p	reventative? YES NO If s	so, which prevent	ative?
All pet's currently on charge for administer	medication must continue taking medications.	edication while b	oarding. There is an additional
Is your pet on any m	nedications? YES NO If so, ple	ase list medicati	ons below.
Medication	Dosing instructions	An	ything additional
Medication	Dosing instructions	An	ything additional

Medication	Dosing instruction	nsA	nything additional	
When was the last adm	ninistration of these medica	tions?		
SERVICES FOR	R YOUR CONVENI	ENCE (Additional c	charges apply)	
I would like my pet I would like a denta I would like to mice I would like my pet I would like my pet I would like my pet	to receive a toenail trin to receive an ear cleani s' anal glands expressed my pet receive another	rian before pick up: efore pick up: n: ng: l:	YES	NO NO NO NO NO NO NO NO
**We will provide ra a \$50.00 replacement	ised beds for your pet to li fee.	ie on, however, if dama	ge occurs to bed there	e will be
that are valuable or irre	ic is not responsible for lost eplaceable. Do write your la bood, or other items left with	st name and pet's name		
*Pets are to be picked later than 12:00pm.	up before 12:00pm on sche	duled pick up day. A da	y board will apply if pi	icked up
*For pets that are pick to your bill.	ed up on a Holiday or Sund	ay there will be an addit	ional boarding fee adde	ed
Will you be picking u	p after 12:00 pm on the r	eturn date?		
Will you be picking u	p on a holiday or Sunday	?		
I understand the above	information and release the	e care of my pet to Coun	try Hills Veterinary Cl	inic.
Signature:		Today's Date:		
Animal Name:		Return Date:		
Emergency Contact: _				
Comments or anything	; we need to know:	(Checked in by:	