

BOARDING RELEASE FORM

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

1. Owner's Name: _____ Phone: (_____) _____ - _____

2. Pet's Name: _____ Age: _____

3. Date your pet(s) will be picked up: _____ please specify what time: _____

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. Current vaccinations are required. Is your pet due for any vaccinations? Yes _____ No _____

We require all dogs be current for Rabies, DHPP, Bordetella, Lepto 4, and Canine Influenza. We require that all cats be current for Rabies, FVRCP and Feline Leukemia vaccinations and have been tested for Feline Leukemia.

*If your pet is due for vaccinations these **will be given** at the owner's expense. We also require a physical examination when vaccinations are given, except on 6 month Bordetella, and Canine Influenza vaccinations*

5. Has your pet had a fecal analysis within the last 6 months? _____

We require that all dogs have a fecal exam to check for intestinal parasites at the owner's expense prior to or at the time of boarding.

6. Is your pet on any medications? YES NO

Name of medication _____ How often? _____

Name of medication _____ How often? _____

Name of medication _____ How often? _____

Name of medication _____ How often? _____

7. Is your pet on any special diet? YES NO

If yes, what do feed, how much and how often _____

8. Special Instructions. Please perform the following on my pet during boarding:

_____ Regularly Scheduled Vaccinations _____ Toenail Trim
_____ Heartworm Test _____ Bath
_____ Fecal Examination _____ 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:

_____ Or _____

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

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

13. 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.

14. 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: _____