



Boarding Release/Agreement Form –Good for 6 months

Pet Owner's Name: _____

Pet's Name: _____

Complimentary Bath if your pet is boarding for 4 nights or more [*bath, ear cleaning, nail trim, express anal glands*]
If pet boarding for 4 nights or more and receiving a complimentary bath, pick up time will be after 2pm

I hereby authorize and direct the veterinarians and staff of Hilltop Animal Hospital to board my pet during the above-specified period. I certify that my pet is free of external parasites and contagious disease at presentation to the best of my knowledge. I authorize the hospital to perform any diagnostic or treatment procedures deemed necessary for my pet.

I understand that a current bordetella (dogs only), distemper, and rabies vaccines and a current fecal test are all required for pets before admission to the hospital. For those pets not current, vaccines and a fecal test will be updated as long as it is deemed safe and advisable by the veterinarian.

Please list below any other services desired while your pet is boarding: (additional cost)

Please list any medications and heartworm prevention (if applicable) your pet will need while boarding:

DRUG	DOSAGE	TIMES per DAY	MEDICINE PROVIDED Y/N

Please list feeding instructions:

Brand of Food	Wet/Dry/Mixed	Measurement (ie; 1 cup ½ cup)	How Many Times per Day

Please list all items that you brought with your pet:

IN CASE OF AN EMERGENCY, PLEASE CALL (please provide your number or a responsible contact person).

Name: _____ Phone: _____ Other #: _____

Name: _____ Phone: _____ Other #: _____

By signing this form, I acknowledge that I have read and understand all of the above information and agree to the above terms.

Signature of Owner or Responsible Agent

Date

This Form is Valid Until _____