

## Boarding Release Form

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Name of pet: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Birth Date: \_\_\_\_\_

BOARDING FROM \_\_\_\_\_ TO \_\_\_\_\_ REGULAR BOARD \_\_\_\_\_ CLUB VET \_\_\_\_\_

ARE VACCINATIONS CURRENT? YES \_\_\_\_\_ NO \_\_\_\_\_

PROVIDE THE NAME OF THE ANIMAL HOSPITAL WHERE VACCINATIONS HAVE BEEN PERFORMED \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

**DOES YOUR PET RECEIVE HEARTWORM AND FLEA/TICK PREVENTION AT HOME?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

### PROCEDURES REQUESTED WHILE BOARDING:

\_\_\_\_\_ DENTAL CLEANING (SEDATION FORM MUST BE SIGNED)

\_\_\_\_\_ PHYSICAL EXAM \_\_\_\_\_ VACCINATIONS

\_\_\_\_\_ HEARTWORM TEST \_\_\_\_\_ FECAL / DEWORMING

\_\_\_\_\_ NAIL TRIM \_\_\_\_\_ OTHER \_\_\_\_\_

Would you like your pet(s) bathed while boarding \_\_\_\_\_ yes \_\_\_\_\_ no

Would you like your pet(s) teeth brushed \_\_\_\_\_ yes \_\_\_\_\_ no

If medications are necessary while boarding, please give names of any medications and the dosage to be given: \_\_\_\_\_

How many cups of food per feeding? \_\_\_\_\_ How many times is pet fed per day? \_\_\_\_\_

### REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations or they will be treated at the owner's expense.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.) Capstar, a pill that kills all adult fleas on your pet in 30 minutes and lasts 24 hours is required the first night of boarding. This pill is safe to give with any other flea preventative and is used to prevent flea infestation within our facility.
3. The hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, the hospital has my permission to administer such medication.
5. I am the owner or agent of the above animal(s), and I have the authority to execute this consent.
6. **WE CANNOT BE HELD RESPONSIBLE FOR LOST PERSONAL ITEMS!**
7. **I have read the boarding requirements and understand the hospital's policies.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_