**PetCare Animal Hospital**

**Boarding Release Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: |  | Name: |  |
| Address: |  | Species: |  |
|  |  | Sex: |  |
| Telephone: |  | Color: |  |
|  |  | Markings: |  |
|  |  | Birth Date: |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is your pet current on vaccinations? yes \_\_\_\_ or no\_\_\_\_\_\_  If not, your pet's vaccines must be updated at Pet Care in order to stay with us. | | | | | | |
| Drop off Date | | | \_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| Pick up Date | | |  | | Items left with pet |  |
| Food Provided? | | |  | |  |  |
| what kind and how much |  | | | |  | |
|  | | |  | |  |  |
| Is your pet on flea prevention? | |  | | | What kind? |  |
|  | | |  | |  |  |
| Dog(s) on heartworm preventative? | | | | Yes  No | What Kind? |  |
|  | | |  | |  |  |

|  |  |
| --- | --- |
| Would you like your pet(s) bathed while boarding? | Yes  No |
| Would you like your pet to have extra outside playtime at $12 a session? (picture included, weather permitting) | Yes  No  If yes, how many sessions? \_\_\_\_\_\_\_\_ |
| Are any medications necessary while boarding? | Yes  No |
|  | |

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites or they will be treated at owner's expense.
3. has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, has my permission to administer such medication.

**I have read the boarding requirements and understand the hospital's** **policies.**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Signature: |  | Date: |  |

Phone number in case of emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_