

Boarding Release Form

Client Name _____

Patient Name _____

Address _____

Cat / Dog (circle one)

Phone Number _____

Gender _____

Emergency Contact Name and Number _____

Arrival Date _____ AM / PM (circle one)

Depart Date _____ AM / PM (circle one)

Cage Size _____

Would you like your pet bathed during their stay? YES / NO (circle one)

Tell us how much we should feed your pet:

Please list all medications that will be brought in with your pet and how often they should be given:

List of your pet's belongings:

Please indicate any other services your pet needs during their stay:

Are there any other special instructions for your pet during their stay?

All pets left for boarding must be current on all required vaccinations and free of fleas and ticks, or be treated on admission at the owner's expense.

If medications are necessary for treatment or handling, I give permission to Pet Medical Center to a such medications at an extra cost of \$2.50 per dispensal.

I authorize Pet Medical Center to do whatever is necessary in case of illness or an emergency situat

I have been given and have read/understand the boarding policy of Pet Medical Center.

Signature

Date

they will

administer

ion.

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