



Boarding Release Form

SAMPLE

Client ID:
Client Name:
Address:

Emergency
Telephone:
E-mail:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:

Birth Date:

Name and date of the last flea and tick preventatives applied: _____

I consent to the services (i.e Canine Boarding Special, feeding and medication administration) as listed on the attached Boarding Check-In Report.

REQUIREMENTS FOR BOARDING

1. All pets must be current on the following vaccinations: *Canines*: Bordetella (every 6 months), Rabies, DA2PPV, and K9 Influenza vaccines. *Felines*: Rabies and FVRCP vaccines. (Proof of vaccinations is required)
2. A yearly negative fecal test is required.
3. All pets must be free of external parasites (i.e ticks, fleas, etc.), or they will be treated at the owner's expense.
4. Dale Mabry Animal Hospital has the owner's permission to treat a life threatening condition or emergency without his/her prior consent.
5. If a sedative/tranquilizer is necessary for treatment or handling, Dale Mabry Animal Hospital has the owner's permission to administer such medication.
6. If the doctors of Dale Mabry Animal Hospital deem a non-emergency treatment necessary for the well-being of the pet--while boarding with us--they will contact the owner by phone and/or email to explain the necessary treatment and to obtain their approval. If the client does not contact us within 48 hours, we will proceed with treating the pet.
7. Pets may be picked up Monday through Friday 10AM through 5:30PM (After 4PM if a bath is requested). Saturday from 10AM until Noon.

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

I agree to pay for boarding and all charges for additional services or veterinary treatment that may become necessary during the time my pet is in the care of Dale Mabry Animal Hospital.

Signed by owner : _____

Employee: _____