Boarding Release Form

Pet's Name _____ Owner's Name _____

Check-in Date _____ Pick-up Date _____ ☐ AM ☐ PM

Emergency Number (___) _____ Local Contact Number (___) _____

Diet: We feed Hills Science Diet Canine or Feline Maintenance. All other food, including light or growth formulas, should be provided by owner.

Check one: ☐ Science Diet Maintenance (provided by kennel) or ☐ Special Diet (provided by owner)

Medications left and instructions:

_____

Are there medical problems we should be aware of? ☐ Yes ☐ No

If any medical problems should arise, should we:

☐ Medicate/treat & notify me when I return

☐ Notify me before starting treatment

☐ Other: _____

All reasonable precautions will be taken against injury, escape, illness, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved. Your pet will be treated for fleas, if needed, with Capstar at a cost of $7. We will update your pet's vaccinations to comply with our boarding requirements.

_____

Owner or responsible party