

*Vestal Veterinary Hospital*



**Boarding Release Form**

Today's Date \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Boarding Dates: From \_\_\_\_\_ Until \_\_\_\_\_

Pet's Name: \_\_\_\_\_

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

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

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

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

Birth Date/Age: \_\_\_\_\_

Would you like your pet bathed while boarding (\$22.00 Cat / \$30-40.00 Dog)?    \_\_\_yes    \_\_\_no

Would you like your pet to have *INDIVIDUAL PLAYTIME* (\$10.00 / half hour)?    \_\_\_yes    \_\_\_no

Would you like your pet to be hand walked (\$5.00 / 15 minute walk)?    \_\_\_yes    \_\_\_no

**PLEASE NOTE: THE PRECEEDING ARE AVAILABLE AS TIME AND WEATHER PERMIT. Playtime and hand-walking will be done daily unless specified otherwise.**

**Please list below any medications your pet is on:**

MEDICATION	DOSE/FREQUENCY	# OF DOSES GIVEN TODAY ALREADY

Preferred Diet: \_\_\_\_\_ # of Times Fed \_\_\_\_\_

Personal Property Left: \_\_\_\_\_

**Are there any problems or concerns you would like us to address during your pet's stay with us?**

\_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. In the event that my pet should become ill or in need of medical care, the hospital will make reasonable efforts to contact me at the phone number below to inform me of the situation and to get permission to address the problem. If, however, the hospital is unable to reach me or a responsible adult, I authorize the Vestal Veterinary Hospital to perform a thorough physical examination and the running of basic laboratory tests in an attempt to diagnose the problem. I further authorize the Vestal Veterinary Hospital to treat my pet for this condition.

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

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

Emergency Phone: \_\_\_\_\_