

Vestal Veterinary Hospital



Boarding Release Form

Note: If you are new to our practice, please be sure to contact Vestal Veterinary Hospital to confirm that your pet's health history and vaccination records (including Bordetella and Influenza for dogs) comply with our Boarding prerequisites.

Owner Name: _____ Telephone: _____

Pet Name: _____ Species: _____ Breed: _____

Sex: _____ Color: _____ Birth Date or Age: _____

Boarding Dates - From _____ to _____

Would you like bathed while boarding (\$22.00 Cat / \$30-40.00 Dog)? ___yes ___no

Would you like to have *INDIVIDUAL PLAYTIME* (\$15.00 / half hour)? ___yes ___no

Would you like to be hand walked (\$5.00 / 15 minute walk)? ___yes ___no

PLEASE NOTE: THE PRECEEDING ARE AVAILABLE AS TIME AND WEATHER PERMIT.

Please list below any medications is on: (Medications must be in their ORIGINAL containers.)

| <u>MEDICATION</u> | <u>DOSE/FREQUENCY</u> | <u># OF DOSES GIVEN TODAY ALREADY</u> |
|-------------------|-----------------------|---------------------------------------|
|-------------------|-----------------------|---------------------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Preferred Diet: _____ # of Times Fed _____

Personal Property Left: _____

Are there any problems or concerns you would like us to address during '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 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 for this condition.

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

Signed : _____

Emergency Phone: _____