**Boarding Release Form**

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

Anticipated Pick-Up Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for your pet to board with us, we require that they are current on all vaccines. If your pet does not have current vaccines on file at time of drop off, an exam and administration of vaccines will be conducted at an additional cost.

Is your pet current on heartworm prevention? [ ]  Yes [ ]  No Type:

Is your pet current on flea/tick prevention? [ ]  Yes [ ]  No Type:

**Please list all items that will be left with your pet while they are boarding (leash, bed, food, etc.):**

**Will your pet need any medications while boarding?** [ ]  Yes [ ]  No

**Give names of any medications and the dosage to be given**:

**What are the feeding instructions for your pet?**

**Please mark if you would like us to feed client provided food or our hospital provided food.**

 [ ]  Own Food [ ]  Clinic Food

**Additional Services Requested:** [ ]  Bath [ ]  Nail Trim [ ]  Anal Gland Expression

 [ ]  Grooming by Jennifer (Based upon availability)

 [ ]  Other, please specify:

**Getting to know your pet: Please complete the following questions. It is helpful to have this additional information to assist us in knowing more about your pet.**

1. **Is your pet allergic to anything particular? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Is there anything that your pet does not tolerate?**

**Being lifted? \_\_\_\_\_ Males? \_\_\_\_\_ Females? \_\_\_\_\_ Ears cleaned? \_\_\_\_\_**

**Nail Trims? \_\_\_\_\_ Other pets? \_\_\_\_\_ Taking a bone or treat away? \_\_\_\_\_**

**Other? (Please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is there anything that your pet is scared of or reacts to?**

**Storms? \_\_\_\_\_ Fireworks? \_\_\_\_\_ Other? (Please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read and sign boarding requirements on next page.**

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**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ticks, fleas) or they will be treated at owner's expense.
3. Avenue Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Avenue Animal Hospital has my permission to administer such medication.
5. Pets may be picked up and dropped off during normal business hours Monday through Friday, and before 2:00 on Saturday. No Sunday drop off or pick up available.

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

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

Signature

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