

# BOARDING RELEASE

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

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

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

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

\_\_\_\_\_

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

Phone #: \_\_\_\_\_

Birthday: \_\_\_\_\_

Weight: \_\_\_\_\_

**Please drop off and pick up between 8:00 am and 4:30 pm Monday through Friday.**

Arrival Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Departure Date: \_\_\_\_\_

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

**Examine Pet While Boarding?:**  Yes  No **If yes, reason?** \_\_\_\_\_

**Are vaccines current?**  Yes  No

**Nail Trim:**  Yes  No **Bath (DOGS ONLY):**  Yes  No

Feeding Instructions (What kind of food, how much, and how many times per day?): \_\_\_\_\_

\_\_\_\_\_

Current Medications (including flea & tick preventative) to be given while boarding: \_\_\_\_\_

\_\_\_\_\_

Additional instructions: \_\_\_\_\_

\_\_\_\_\_

ALAMEDA PET HOSPITAL BOARDING POLICY: All pets left for boarding must be current on all required vaccinations and free of fleas and ticks or they will be treated upon admission at the owner's expense.

**Name of flea prevention:** \_\_\_\_\_ **Date of last application:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

If medications are necessary for treatment or handling, I give my permission to ALAMEDA PET HOSPITAL to administer such medications.

I authorize the ALAMEDA PET HOSPITAL to do whatever is necessary in case of illness or an emergency situation.

I have read and understood the above noted boarding policy of the ALAMEDA PET HOSPITAL

Signature: \_\_\_\_\_

Date: \_\_\_\_\_