

# Boarding Release Form

Client ID:  
Client Name:  
Address:  
Phone #: ( )

Patient ID:  
Patient Name:  
Species:  
Sex:

Birthdate:  
Weight:

Arrival Date:   
Depart Date:

Special Diet?  Services:   
Belongings:

Instructions

All pets left for boarding must be current on all required vaccinations and free of fleas and ticks, or they will be treated on admission at the owner's expense.

If medications are necessary for treatment or handling, I give my permission to Hillside Animal Hospital to administer such medications.

I authorize Hillside Animal Hospital to do whatever is necessary in case of illness or an emergency situation.

I have been given and read/understand the boarding policy of Hillside Animal Hospital.

Signature of Pet Owner or Person Responsible

Today's Date

Emergency contact:

Phone:

## Reminders:

- Rabies Vaccination
- Annual Exam
- Distemper Vaccination
- Internal Parasite Test
- Sr. Wellness Panel
- Chronic Medication Exam/Test
- Heartworm Test
- Flea & Tick Preventative
- Bordetella Vaccination
- Lyme Vaccine
- Dental Exam