

### Boarding Release Form

Client Name:  
Client Address:

Patients Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

Client Telephone:

**Dates of last vaccinations:**

Rabies: \_\_\_\_\_ Distemper/Parvo/Corona: \_\_\_\_\_ Lepto: \_\_\_\_\_ Bordetella:  
FVRCP: \_\_\_\_\_ FELV: \_\_\_\_\_

**Boarding Dates:** \_\_\_\_\_ - \_\_\_\_\_ **Approximate time of pick up:** \_\_\_\_\_

**Canine Boarding:** Kennel under 40lbs \$27.00  Run \$27.00  Run Shared (subject to approval): \$40

**Feline Boarding:** Condo \$27

**Would you like \_\_\_\_\_ bathed and nails trimmed while boarding?**

**DOGS ONLY** (this will be an additional cost)  yes \$23.00 - \$49.00  no  
Clean ears:  yes \$21.00  no Express anal glands:  yes \$15.00  no  
Nail Trim Only: **DOGS OR CATS**  yes \$5  no

**Are any medicines necessary while boarding?**  yes  no

Medication to be given: Drug 1) \_\_\_\_\_ tablet/capsule/cc \_\_\_\_\_ times/day  
2) \_\_\_\_\_ tablet/capsule/cc \_\_\_\_\_ times/day  
3) \_\_\_\_\_ tablet/capsule/cc \_\_\_\_\_ times/day

**Have these medications been given today?**  yes  no Please indicate what time they were given: \_\_\_\_\_ am/pm

**Did you bring food for \_\_\_\_\_?**  yes  no **Type of food:**  Dry or  Canned **Brand:** \_\_\_\_\_

In the instance that your pet runs out of his/her food we may feed our food, Purina EN, no additional charge  yes  no

**Feed:** once  am or  pm or  twice/ day **How much:** \_\_\_\_\_ cups **Has \_\_\_\_\_ been fed today?**  yes  no

**List in detail any items that you brought** (Please remember that we cannot insure the safe return of any items left while boarding at our facility and we have permission to label any items with a permanent marker): \_\_\_\_\_

#### REQUIREMENTS FOR BOARDING

1. All animals **must be current on all vaccinations 2 weeks prior to boarding.** **If they are due for vaccinations in the next 60 days would you like us to update while they are staying with us.**  yes  no
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or **they will be treated at owner's expense. \$8.00 per Capstar tablet**
3. Animal Hospital of Humble has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Animal Hospital of Humble has my permission to administer such medication.
5. Pets may be picked up after 8:00AM Monday through Saturday, and before 6:00PM Monday through Friday and noon on Saturday. No exceptions.

**If any problems are observed or develop while boarding please select ONE of the following options:**

- Please treat my pet as deemed necessary **you do not need to call me.**  
 Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to treat as recommended.

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

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

Emergency contact name and phone number: \_\_\_\_\_