

### Boarding Release Form

Client ID:  
Client Name:  
Address:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

Telephone:

**Dates of last vaccinations:**

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

**Boarding Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **Approximate time of pick up:** \_\_\_\_\_

**Canine Boarding:** Kennel under 40lbs \$27.00  Run over 40lbs \$27.00

**Feline Boarding:** Condo \$27

**Would you like any services done while boarding? (this will be an additional cost)**

Bath and Nail Trim (**DOGS ONLY**)  yes \$23.00 - \$49.00  no

Nail Trim Only:  yes \$5  no

Do you have any issues or concerns that you would like addressed while boarding? If so please list:

\_\_\_\_\_

\_\_\_\_\_

**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?**  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 **Have you 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 7AM Monday through Friday and 8AM on Saturday, and before 6PM 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: \_\_\_\_\_