

Boarding Release Form

Client ID:
Client Name:
Address:

Telephone:
Arrival Date:
Depart Date:

Patient ID:
Name:
Species:
Breed:
Sex:
Age:
Weight:

EMERGENCY CONTACT & PHONE #: _____

Would you like your pet **BATHED** before going home (\$25 to \$35 +)? **YES** **NO**

Would you like your pet **GROOMED** before going home? **YES** **NO**

Would you like your pet **WALKED** while boarding (\$11.00/walk)? **YES/NO** **How Many?** _____

Would you like your pet to participate in **DAYCARE** while boarding (\$16/half day)? **YES/NO** **How Many?** _____

MEDICATIONS NEEDED? (list Name & Dosage for each med) **YES** **NO**

1.) _____

2.) _____

3.) _____

4.) _____

REQUIREMENTS FOR BOARDING

I, the undersigned, do hereby give my consent to treat my pet for illness or injury that may occur while boarding. Thornwood Veterinary Clinic will take all reasonable precautions against loss or injury, from escape, disease, theft, fire, death, injury or harm to persons, other pets or property, but will not be held responsible for such occurrences. If my pet remains unclaimed after the pre-scheduled departure date, I understand that written notice will be mailed to the address above, and that 7 days after such written notice, my pet will be considered abandoned and will become the property of Thornwood Veterinary Clinic. Furthermore, I fully understand that such action does not relieve me from all costs and services incurred.

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

SIGNATURE: _____ TODAY'S DATE: _____

AUTHORIZATION TO UPDATE VACCINATIONS THAT ARE DUE: _____ (initial)