
Boarding Release Form

Client ID _____ Patient ID _____
Client Name _____ Patient Name _____
Address _____ Species _____
Phone Number _____ Sex _____
Birthdate _____
Weight _____

Arrival Date _____
Depart Date _____
Diet: Special Diet _____ In house food _____ Medications _____
Bath? _____ Vaccinations _____
Note _____

Instructions _____

Authorization

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 owners expense. We do not allow personal belongings to be left with the pet, including collars, leashes, bowls, blankets, towels, toys, etc. Canyon Animal Hospital is not responsible for any items left with pet.

If medications are necessary for treatment or handling, I give my permission to Canyon Animal Hospital to administer such medications for and additional fee.

I authorize Canyon Animal Hospital to do whatever is necessary in case of illness or an emergency situation.
(We will contact you.)

Emergency Contact _____ Phone _____

Signature of Pet Owner or Person Responsible _____ Date _____