

BEACH BLVD PET HOSPITAL
BOARDING RELEASE FORM

CLIENT NAME		PET NAME	
ADDRESS		SPECIES	
		BREED	
		SEX	
TELEPHONE		COLOR	

BOARDING DATES: From ___ / ___ / ___ to ___ / ___ / ___

Current Vaccines and Fecal Test Due:

Distemper/Parvo: _____ Lepto: _____ Bordetella: _____

Parainfluenza : _____ Fecal Test: _____

Feline Distemper: _____ Rabies: _____

Would you like your pet(s) bathed while boarding? _____ no _____ yes _____ date to give bath
(additional charge)

Would you like an exam for your pet? _____ no _____ yes
(additional charge)

What are your concerns for the Doctor to check during the exam? _____

Are any medicines necessary while boarding? (additional \$7.00 per day) _____ no _____ yes

Give names of any medications and the dosage to be given: _____

Any *Medical Alerts* for your pet? _____

***There is additional charge for pickups and drop offs after 5:30 pm Mon-Fri and 3:30 pm on Sat. _____
(Please Initial)

***There is an additional \$10.00 Holiday Boarding Fee per pet for ALL major holidays! _____
(Please Initial)

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Beach Boulevard Pet Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Beach Boulevard Pet Hospital has my permission to administer such medication.
5. Beach Blvd Pet Hospital is not responsible for any items left with your pet for boarding such as toys, blankets, beds, food, collars and leashes etc.
6. Although we do everything we can to prevent the transmission of infectious Trachea Bronchitis, we can not guarantee that your pet(s) will not be exposed during their stay.
7. Beach Blvd Pet Hospital requires a Credit Card to be kept on file for payment for your pet's deposit, emergency services and any balances due for boarding or veterinary services.

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

Signed: _____

In case of Emergency, Contact _____

Phone# _____