

**BOARDING RELEASE FORM**

Pet(s) Name(s): Last Name:

 Check-In Date:  Check-Out Date: 

Contact Name / Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Secondary or Emergency Name / Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Would you like your pet(s) to have (check one):

BATH\_\_\_\_\_\_\_\_\_\_\_ GROOM\_\_\_\_\_\_\_\_

 MINI GROOM\_\_\_\_\_\_\_\_\_\_ NONE OF THE ABOVE\_\_\_\_\_\_\_

Feeding instructions daily (check one): 1x ( ) 2x ( ) Free Feed ( ) Qty: \_\_\_\_\_\_\_\_\_\_\_\_

Food (check one): ( ) I supplied food ( ) Please feed kennel food

Medication information:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*please specify upon drop-off when medications were last administered\*

Personal items brought (toys, blankets, cages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*ALL PETS MUST BE CURRENT ON THEIR VACCINATIONS TO STAY AT OUR FACILITY. IF YOU USE

A VETERINARY HOSPITAL OTHER THAN OURS, VACCINATION HISTORY NEEDS TO BE SUPPLIED TO US AT DROP OFF. ALL ANIMALS WILL BE GIVEN A CAPSTAR WHILE BOARDING. \*\*\*

**DOGS** are required to have updated:

Rabies, DHPP, KCV (Bordetella), Fecal Exam, and Heartworm Exam

**CATS** are required to have updated:

Rabies, FVRCP, and Fecal Exam.

*[IN CASE OF AN EMERGENCY ILLNESS OR INJURY, l, THE UNDERSIGNED, DO HEREBY GIVE MY CONSENT*

*FOR THE DOCTORS OF MOUNTAIN PARK PLAZA ANIMAL HOSPITAL TO TREAT, PRESCRIBE FOR, OR OPERATE UPON MY PET(S) WHILE HE/SHE/THEY ARE BOARDING AT THIS FACILITY. WE WILL MAKE EVERY*

*EFFORT TO CONTACT YOU FIRST FOR AUTHORIZATION, BUT WILL PROCEED FOR THE HEALTH AND SAFETY OF YOUR PET(S) IF NEEDED.]*

Signature: Date:

If I am unable to pick up my pet(s),is authorized to do so.

In this case, please leave a form of payment with our front office staff.