

BOARDING RELEASE

Client Name: _____

Address: _____

Phone #: _____

Patient Name: _____

Species: _____

Sex: _____

Birthday: _____

Weight: _____

Arrival Date: _____

Emergency Contact: _____

Departure Date: _____

Phone: _____

Exam: Yes No If yes, reason? _____

Are vaccines current? Yes No Bath (dogs only): Yes No Nail Trim: Yes No

Hospital Food: Owners Food: Feeding Instructions (How much and how often): _____

Medications (Please include amount to be given & how often): _____

Additional instructions: _____

ALAMEDA PET HOSPITAL BOARDING POLICY

All pets left for boarding must be current on all required vaccinations and free of fleas and ticks or they will be treated upon admission at the owner's expense.

Name of flea prevention: _____ Date of last application: ____/____/____.

We no longer accept any bedding, toys, or other personal items. You are still welcome to bring your pet's food, if desired. Rest assured that your pet will be provided with all that they need to be comfortable during their stay with us.

If medications are necessary for treatment or handling, I give my permission to ALAMEDA PET HOSPITAL to administer such medications.

If possible, please bring your pets own food. If not, we will provide food here. In the event that your pet's food should run out, we will use our hospital food, Science Diet Sensitive Skin and Stomach.

I authorize ALAMEDA PET HOSPITAL to do what is necessary in case of illness or an emergency situation.

I have read and understood the above boarding policy of ALAMEDA PET HOSPITAL.

Signature: _____

Date: _____

For staff use only:
Checked by: _____