



Boarding Release Form
Please fill out both pages of this form in its entirety.

OWNER INFORMATION:

Name: _____ Patient Name: _____

Dates your pet is boarding: _____

Address: _____

City/State: _____ Zip Code: _____

Vaccines & Routine Care Due:

****All vaccines must be current in compliance with our standard protocol and will be administered at the client's expense****

****IF YOU ARE UNSURE, PLEASE CHECK WITH OUR STAFF AT CHECK-IN.****

In case of injury or illness, I, the undersigned do hereby give my consent for the doctors of this hospital to treat, prescribe for, and/or operate upon my pet(s) while he/she is being boarded. All vaccines must be current in compliance with our standard protocol. If not, they will be administered to my pet(s) at my expense. Also, a medication called Capstar will be administered at my expense. Capstar is an oral medication that provides protection from fleas, one tablet being given upon arrival and one tablet given upon departure. There will be a charge for administering any medication during my pet(s) stay.

You (Garden Creek Pet Clinic) is to use all reasonable precautions against illness, injury, and/or escape of my pet(s), but you will not be held liable or responsible in any manner whatsoever, or under any circumstances, on account of the care, treatment, and/or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be sent by certified mail to the above address. Seven (7) days after receipt of this written notice, the pet(s) will be considered abandoned and will be handled in accordance with state law. It is further understood that such action will not relieve me from paying all costs of your services and the use of your clinic, including the cost of the boarding service.

I have read the preceding and understand and agree to its content.

Signature: _____ Date: _____

Emergency phone number(s) for use during your pet's stay:

*****Please fill out both pages of this Boarding Release form*****

Thank you for your trust! We look forward to taking care of your family!



PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

Pet Care Instructions:

Brand of food:

Royal Canin's Gastrointestinal Diet will be fed if no food is provided.

Amount: _____ How often? _____

Special feeding instructions:

Medications & dosing (there will be a charge for administering any medication):

Do you have any health concerns for your pet that you would like the doctor to evaluate during their stay with us (i.e. check ears, itchy skin, dental cleaning etc)?
Additional charges will apply.

Would you like:

____ Nail Trim (\$12.50) ____ Anal glands expressed (\$16.50) ____ Bath (cost varies)

Other special instructions:

Thank you for your trust! We look forward to taking care of your family!