

# Boarding Release Form

## Normandy Animal Hospital

Client First Name \_\_\_\_\_

Client Last Name \_\_\_\_\_

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Altered? \_\_\_\_\_ Color \_\_\_\_\_

Arrival date \_\_\_\_\_ Depart Date \_\_\_\_\_

Special Diet? \_\_\_\_\_

Special Feeding Directions? \_\_\_\_\_

Dental planned while boarding? Yes  No

Surgery planned while boarding? Yes  No

Vaccines needed while boarding? Yes  No

Canine Distemper  Rabies  Kennel Cough

Lepto

Feline Distemper  Rabies  Leukemia

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 owner's expense.

If medications are necessary for treatment or handling, I give permission to Normandy Animal Hospital to administer such medications.

I authorize the Normandy Animal Hospital to do whatever is necessary in case of illness or an emergency situation.

I have read/understand the boarding policy of the Normandy Animal Hospital.

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Pet Owner or Person Responsible

Date

\_\_\_\_\_