BOARDING RELEASE FORM

(Please fill one form for each pet being boarded)

Owner's Name: _____

Pet's Name: _____

Date Boarding Begins: _____Ends: _____

Name and phone number of responsible party to be reached in case of EMERGENCY: _____

Type of Diet: _____ Instructions: _____

Medications: _____

Are we bathing or grooming while boarding? _____

Are we performing a dental prophylaxis or surgery while boarding? _____

Vaccine status: _____

Notes or Medical Alerts: _____

Belongings you are leaving: _____

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 my permission to Valley Animal Hospital to administer such medications.

You are to use all reasonable precautions against injury, escape, or death of my pet. The hospital and staff will not be held liable for any problem that develops provided reasonable care and precautions are followed. I understand any problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the above date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signer confirms that I have the authority to authorize these actions. Signer agrees to take financial responsibility and to hold harmless Valley Animal Hospital, their staff and veterinarians in the event procedures were fraudulently or improperly authorized.

_____ _____

Signature of Pet Owner or Agent Date