



Anderson Animal Clinic

## Boarding Release Form

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Dates Boarding \_\_\_\_\_

### **PET HISTORY:**

Are pet's vaccinations current? yes ( ) no ( )

Were vaccinations given by a licensed veterinarian? yes ( ) no ( )

Where were they given? Anderson Animal Clinic

Other \_\_\_\_\_

*If my pet is not current on vaccinations or proof of vaccinations is not provided at time of check in, I understand that my pet will be vaccinated by a clinic doctor at the current clinic price.*

**Please initial** \_\_\_\_\_

I am bringing food for my pet. yes ( ) no ( )

If yes, what are you bringing \_\_\_\_\_

List any special feeding instructions: (use back if necessary)

If not, I understand that my pet will be fed the clinic's food.

Is your pet on medication that must be administered during its stay?

yes ( ) no ( )

If yes, please list the medications and directions for administering them:

I am also bringing the following items: \_\_\_\_\_

*I understand that the clinic will not be held responsible for items brought with pet. Items will be returned to me as is. I give consent to render treatment if my pet becomes ill. If this does happen proper care will be provided as deemed necessary by the veterinarian. I realize I will be charged for any exams, treatments, medications given. I agree to pay for those charges. I give consent to have my pet walked outside the clinic. I am aware no one is in the clinic after regular office hours to observe the boarded or hospitalized pets.*

***I have read the foregoing, understand what it says and agree to its conditions.***

Signature \_\_\_\_\_ Date \_\_\_\_\_