## All American City Veterinary Hospital 123 Washington Blvd (916) 783-4646

## **Boarding Release Form**

Telephone		
Address		
Dates requested:	Check In Date:	Check Out Date:
My Pet is: Male Is your pet Spayed/ Flea Prevention use Last dose of Flea Pr	Neutered: Yes No	
Are any medications necessary while boarding? Yes No  If yes, please list below with directions:		Does your pet require any specific Diet Instructions (allergies, protects food, etc.)?  If yes, please list below with directions:
Would you like your pet bathed while		Ves No

## REQUIREMENTS FOR BOARDING

boarding?

Client Name

- 1. All animals must be current on all core vaccinations at least 2 weeks prior to boarding.
  - a. Cats: FVRCP and Rabies
  - b. Dogs: DHLPP, CIV, Bordetella and Rabies
- 2. All pets should be clear of external and internal parasites while boarding. Pets found to have evidence of parasites will be treated at the owner's expense.

- 3. I authorize to use sedation of my pet, should it become medically necessary for treatment handling.
- 4. If an emergency arises, I authorize services, including anesthesia if necessary, to treat my pet until such time as I can be reached. I understand that every reasonable effort will be made to contact as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarian to proceed with treatment as deemed necessary for the well being of my pet. I understand I will be responsible for all charges incurred at checkout.
  - I have read and agree to the boarding requirements and understand the hospital's policies.
  - I am aware that there is not staff on site 24 hours a day. My pet(s) will be checked on twice on the weekend or holiday. Initials \_\_\_\_\_

Emergency Contact:		
Emergency Contact's Phone Number:		
Client Signature:	Date:	