

Elm Creek Animal Hospital Boarding Release Form

Boarding dates: _____

Owner name: _____

Pet(s) name(s): _____

Phone number: _____

Emergency Contact: _____

Medical Treatment: **MUST BE CURRENT ON VACCINES**

Treatments: _____

Medications: _____

Food:

Own: Yes _____ NO: _____ Amount Fed: _____

Bath/Groom:

Yes: _____ NO: _____ Special Instructions: _____

(If bathed or groomed the day of pick up, your pet will not be ready until the afternoon)

Belongings (please list all):

Emergency Treatment:

If unexpected or emergency medical treatment is required during your pet's stay, every effort will be made to contact the owner for authorization prior to treatment. If we are unable to reach the owner or designated contact please select one of the following:

_____ Owner authorizes ANY medical treatment.

_____ Owner DECLINES any unauthorized medical treatment

_____ Owner authorizes medical treatment UP TO \$ _____

Boarding Requirements: Pets must be current on all vaccinations. All pets must be free of external parasites or they will be treated at the owner's expense. If a tranquilizer is necessary for treatment or handling, Elm Creek Animal Hospital has my permission to administer such medication.

Would you like for us to occasionally post photos of your pet on our Facebook page while they are staying with us? YES _____ NO _____

I have read the boarding requirements and understand the hospital policies.

Signature: _____ Date: _____