

BOARDING RELEASE FORM
CROCKETT VETERINARY HOSPITAL

Thank you for choosing Crockett Veterinary Hospital to care for your pet!

Today's Date: _____ **Return Date:** _____

*When your pet is boarded, we ask that you leave an emergency number where a family member or friend can be reached. It is the policy of the hospital that if an animal gets sick, we have your permission to treat the affected pet, unless we are given instruction to the contrary. We feed Science Diet Canine/Feline Maintenance dry to all our boarding pets. If your pet is on any special diets please let us be aware.

All dogs that are staying with us, are required to have all vaccinations including, DHLPPC, Bordetella, and Rabies. All vaccinations are good for one year.

All cats that are staying with us, are required to have all vaccinations including, Feline Leukemia & Feline Distemper. All vaccinations are good for one year.

Is your pet current on vaccinations? YES NO

*We require all pets to be free of all external parasites, fleas, ticks etc. If any of these parasites are found on your pet while boarding, they will be treated immediately at the owner's expense.

If your pet is currently on flea preventative: YES NO

What kind is it _____ When was it applied/given: _____

Is your pet currently on any medications? YES NO If yes, please list medication below.

Medication _____	Dosage Instructions _____
Medication _____	Dosage Instructions _____
Medication _____	Dosage Instructions _____
Medication _____	Dosage Instructions _____

When was the last administration of these medications? _____

Crockett Veterinary Hospital is not responsible for lost or damaged items. Do not bring items with your pet that are valuable or irreplaceable. Do write your last name and pet's name on items. Please list any toys, leashes, collars, food, or other items left with your pet: _____

*We do not offer after hours release of your animals from our boarding facility. You may pick your animal up Monday - Friday 7:30 am - 5:30 pm and Saturday 8 am - 12 pm during regular operating business hours.

I understand the above information and release the care of my pet to Crockett Veterinary Hospital.

Signature: _____ Animals Name: _____

Emergency Contact Name/ Number: _____