

Countryside Animal Hospital
2003 Hwy 301 South
Wilson, NC 27893
(252) 243-6952

Boarding Release Form

Client Name _____
Address _____
Telephone _____

Pet Name _____
Breed _____
Sex _____
Color _____

Dates of last vaccinations:

Distemper/Parvo _____

Bordetella _____

Rabies _____ 1 year or 3 year

Flu Vx(K-9 H3N8)dogs _____

Feline Distemper _____

Leukemia _____

Dog(s) on heartworm prevention? ____yes ____no
What kind? _____

Would you like pet(s) bathed while boarding? ____yes ____no

Are any medications necessary while boarding? ____yes ____no
Give names of any medications and the dosage to be given:

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccines.
2. All animals must be free of external parasites (fleas, ticks, ect.), or they will be treated at owner's expense.
3. Countryside Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Countryside Animal Hospital has my permission to administer such medication.
5. Pets may be picked up during business hours only. No exceptions.
6. Countryside Animal Hospital will not be liable for any personal items that are left with pet(s) while boarding.

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

Signed: _____

Date: _____