

# BOARDING RELEASE FORM

PET'S NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNERS'S PHONE NUMBER \_\_\_\_\_

CHECK-IN DATE: \_\_\_\_\_ ANTICIPATED PICK-UP DATE \_\_\_\_\_

- **ALL PETS MUST BE CURRENT ON VACCINATIONS (DISTEMPER, RABIES, AND KENNEL COUGH) WHILE BOARDING AT OUR HOSPITAL. IF I DO NOT HAVE PROOF OF VACCINATIONS AT TIME OF DROP OFF, FRIARSGATE ANIMAL HOSPITAL AS PERMISSION TO VACCINATE MY PET. I ACCEPT FULL RESPONSIBILITY FOR CHARGES INCURRED ON BEHALF OF MY PET.**
- **MEDICATIONS: IF YOUR PET REQUIRES MEDICATION WHILE BOARDING, PLEASE LIST THEM BELOW. (There is a \$5.00 per day administration fee for medications given)**

| MEDICATION | DOSAGE | HOW OFTEN | LAST TIME GIVEN? |
|------------|--------|-----------|------------------|
|            |        |           |                  |
|            |        |           |                  |
|            |        |           |                  |
|            |        |           |                  |

- **FEEDING SCHEDULE**

HOW MUCH? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

SPECIAL DIET? \_\_\_\_\_

- **PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WHO HAS PERMISSION TO MAKE DECISIONS FOR YOUR PET IN CASE OF EMERGENCY AND YOU CAN NOT BE CONTACTED.**

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THANK YOU FOR THE CONFIDENCE YOU HAVE SHOWN BY ALLOWING OUR HOSPITAL TO CARE FOR YOUR PET WHILE YOU ARE OUT OF TOWN. FRIARSGATE ANIMAL HOSPITAL HAS PERMISSION TO TREAT MY PET SHOULD HE/SHE BECOME ILL OR INJURED WHILE BOARDING. I ACCEPT FULL FINANCIAL RESPONSIBILITY FOR CHARGES INCURRED ON BEHALF OF MY PET.

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SIGNATURE

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DATE

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