

**DOUBLE A VETERINARY HOSPITAL
BOARDING RELEASE FORM**

Owner _____ Date of arrival _____

Patient(s) _____ Date of departure _____

HOSPITAL PATIENTS MUST BE UP TO DATE ON VACCINATIONS.

Vaccinations current: Yes _____ No _____

Please list the items brought with your pet below:



*****OWNER – PLEASE BE SURE TO READ THE FOLLOWING*****

Although we will do the best job we can, Double A Veterinary Hospital is not responsible for damage or loss of personal items brought in with your pet at time of boarding. This excludes leashes, collars or carriers.

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

MEDICATION: (list name and dose) _____

FOOD: (amount you feed and what kind) _____

LEASH: (color) _____ **CARRIER:** (color) _____

TO BE VERIFIED BY TECHNICIAN: (Initials) _____

*******OWNER: PLEASE READ AND SIGN*******

Your pet must be free of internal and external parasites. If not, treatment will be done at your expense. As owner (or agent of the owner) of the pet described above, I authorize Double A Veterinary Hospital to perform any procedures necessary for treating and maintaining my pet's health and well being. I would expect the hospital to use all reasonable precautions to ensure my pet's safety, yet realize the hospital makes no guarantee or warranty regarding the results.

I understand that payment is due as services are rendered. In the event that my account becomes delinquent, I understand that I am responsible for all costs incurred from actions taken to collect on the balance I owe, including collection, attorney and court fees.

PLEASE LIST THE PROCEDURES TO BE PERFORMED WHILE BOARDING:



SIGNATURE: _____ **PHONE:** _____

