A picture containing food

Description automatically generated

**Boarding Release Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Patient** |  |
| Client Name: |  | Name: |  |
| Address: |  | Species: |  |
|  |  | Sex: |  |
| Telephone: |  | Color: |  |
|  |  | Markings: |  |
|  |  | Birth Date: |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates of Last Vaccinations** | | | | | | |
|  | | |  | |  |  |
| Distemper/Parvo/Corona: | | |  | | Bordetella: |  |
|  | | |  | |  |  |
| Rabies: |  | | | | 1 Year  3 Year | |
|  | | |  | |  |  |
| Feline Distemper: | |  | | | Leukemia: |  |
|  | | |  | |  |  |
| Pet(s) on heartworm preventative? | | | | Yes  No | What Kind? |  |
| Pet(s) on flea/tick preventative? | | | Yes  No | | What Kind? |  |

|  |  |
| --- | --- |
| Would you like your pet(s) bathed while boarding for an additional fee? | Yes  No |
|  |  |
| Are any medicines necessary while boarding? | Yes  No |
|  | |
|  | |
| Did you bring your own food?  Yes  No How much should we feed? | |

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on Rabies, Distemper and Bordetella vaccinations.
2. All animals must be free of external parasites or they will be treated at owner's expense.
3. Red Bud Veterinary Service (RBVS) should do one of the following **if a medical emergency would arise**:

Perform any medical care needed for my pet  Only initiate emergency medical care needed to stabilize the patient and then try to contact owner  Provide **NO** medical care until client is consulted

1. If a tranquilizer is necessary for treatment or handling, RBVS has my permission to administer such medication.
2. Pets may be picked up only during normal business hours Monday through Saturday. For the safety of our staff, no exceptions will be made.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Client Signature: |  | Date: |  |

Phone Where Can Be Reached While Boarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_