

BOARDING RELEASE FORM

Village Square Veterinary Clinic
3463 Woolbright Rd., Boynton Beach, FL 33436
561-369-0061

Please read and sign the following agreement.

In case of illness or injury, I, the undersigned do hereby give my consent for Cherry D. Douglas, DVM, her agents, servants, and/or representatives to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Village Square Veterinary Clinic.

You are to use all reasonable precautions against illness, injury, or escape of my pet, but you will not be held liable or responsible in any manner whatsoever, or any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice the pet will be considered abandoned and may be disposed of, or destroyed as you deem best. It is further understood that such action will not relieve me from paying all costs of your services and the use of your hospital, including the cost of the boarding service.

I understand that if my pet is not up to date on annual vaccines including Kennel Cough Bordetella, they will be given and I will be responsible for the payment of these services.

ANY PET ADMITTED FOR BOARDING THAT IS INFESTED WITH FLEAS AND/OR TICKS WILL BE BATHED AND TREATED AT OWNER'S EXPENSE. AN EXTRA FEE WILL BE ADDED FOR ANIMALS REQUIRING SPECIAL HANDLING.

Even though dogs are double leashed by kennel attendant, I realize outside walking involves a security risk and will not hold the clinic liable in case of injury, escape or death of my pet.

I have read and agree.

Signature of Owner/Representative of Owner

Date

Emergency phone # where I can be reached or contact person's phone number and name.

BOARDING INFORMATION SHEET

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Animals Name _____

Date Boarding ____/____/____ to ____/____/____

Is the animal currently taking any medication? No _____ Yes _____

If yes, please list the medication and how often it is given:

Did you bring food? No _____ Yes _____

If No, how often do you normally feed your animal? _____

If Yes, would you please list the type of food brought and how often it is fed? _____

Please list and describe any other items brought with your animal?

_____ Treats _____

_____ Bedding _____

_____ Toys _____

_____ Other _____

Would you like your pet scheduled for a bath? No _____ Yes _____

Technician Use Only-

Check-In Weight _____ Check- Out Weight _____

Has your pet shown any recent signs of::

Diarrhea? _____ Vomiting? _____ Sneezing? _____ Coughing? _____

Is there anything that needs to be addressed by a doctor while here?
