

Harvest Hills Veterinary Hospital

Boarding Release Form

Client Name:
Telephone:

Name:
Breed:

Emergency # _____

Check in date:

Check out date:

PLAYTIMES Yes ☐ No ☐ (\$8 per night per dog)

NAIL TRIM Yes ☐ No ☐

KENNEL BATH Yes ☐ No ☐ (Rinsing bath, free after 7 nights)

FEEDING Own food ☐ **or** Feed Science Diet ☐ Feeding Instructions: _____

MEDICATION Yes ☐ No ☐ Medication Instructions: _____

GROOMING Yes ☐ No ☐ (BY APPT. ONLY)

ANNUAL VACCINATIONS Yes ☐ No ☐ **FECAL** Yes ☐ No ☐

Additional Exam Notes: _____

OWNERS RELEASE

All animals must be current on all vaccinations, fecal, and must be free of internal/external parasites or will be treated on entry or discovery at the owner/agent's expense. Should an **EMERGENCY** arise, I authorize the medical staff to treat my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, for all necessary services rendered for and to my pet. I understand that even with the best of care, occurrences of diarrhea, coughing and/or weight loss can occur while boarding and will not hold the clinic responsible for these conditions that are unavoidable in boarding facilities.

Signed : _____

***** **FOR HARVEST HILLS VETERINARY HOSPITAL** *****

☐ Billing has been done and processed to an Invoice

☐ Lab requested have been processed (HWT)

☐ Patient has been written on doctors board for tx, vax, nt

☐ Credit card has been ran/Invoice is prepaid