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| Hello MeowLove DoggoWESTSIDE VETERINARY HOSPITAL 2917 Reidville Road Spartanburg, SC 29301 Phone: 864-587-1568 Fax: 864-587-1468E-mail: info@westsidevetofspartanburg.com |

**Boarding Release Form**

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

In case of an emergency, please list names and phone numbers of who you would like us to contact if you can't be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS**

Are any medicines necessary while boarding? \_\_\_\_\_ yes \_\_\_\_\_ no
Give names of any medications and the dosage to be given:

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Hospital has owner’s permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, has my permission to administer such medication.
5. Pets may be picked up before noon or after 3 PM Monday through Friday. Pick-up is not available on Saturdays and Sundays.

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please fill out one boarding form for each pet that will be boarding
* Please e-mail, fax, or bring this boarding form with you when you drop off for your boarding reservations.