

Colonial Park Veterinary Hospital Boarding Release Form

Date: _____

Owners Name: _____

Admitted By: _____

Address: _____

State: _____ Zip: _____

Animal Name: _____

Species: _____

Sex : _____

Breed: _____

Age: _____

From: _____

To: _____

I hereby consent and authorize Colonial Park Veterinary Hospital to board my pet

_____.

I do hereby release Colonial Park Veterinary Hospital and its staff of any responsibility and/or liability in the absence of gross negligence in the event that this animal should injure itself, refuse food, become ill, or die while boarding. I will assume full and financial responsibility upon my return.

I understand that this is a hospital and that there are sick animals in this facility. I also understand that there is always a risk that my pet could become sick. I understand that Colonial Park Veterinary Hospital is boarding my pet as an added service to me for my convenience.

I understand the risk of boarding my pet here, and I give my permission to treat my pet in any event of illness and/or injury incurred during their stay with a limit of \$250 (_____).

If your cat or dog is not current on all vaccines including Bordetella, a heartworm test and preventative for dogs, it will be vaccinated and tested upon arrival.

_____ Signature

This release will remain on permanent file unless otherwise designated.

(Owner's signature)

Date

Medication: _____

Diet: _____

Emergency Contact: _____

_____ Nail trim

_____ Check ears and treat if necessary

Symptoms? _____

Vaccinations: _____

Other problems needing to be checked
