

BOARDING RELEASE FORM

Osage Veterinary Clinic
2700 SW Regional Airport Blvd
Bentonville, AR 72713
479-273-7717

Client Name: _____
Address: _____

Phone: _____

Patient: _____ **Breed:** _____ **Color:** _____

Sex: Male Female (*circle one*) **Spayed/Neutered** (*circle one*) **Age:** _____ **Weight:** _____

Boarding dates: **From** ____/____/____ **To** ____/____/____

Pets being boarded should be free of fleas, ticks and other parasites. If you pet is found to have any of these, they will be treated as needed. The typically cost range for treatment is \$7 - \$20 to be added to the final invoice.

Dogs that are boarded must have been vaccinated for:

- *Bordetella (kennel cough) within the last 6 months*
- *Rabies within the last 1 to 3 years (based on vaccine given)*
- *DA2PP/DHLPP within the last year (three year vaccine accepted)*

Cats that are boarding must have been vaccinated for:

- *Feline distemper and rabies within the last year.*

*Proof of vaccine status is required. If your pet is not current on these vaccinations, we can vaccinate at the time of admission. (**Vaccination records on file** ____ **Vaccination history provided** ____)*

Current diet/food: _____

Eating schedule & amount: _____

Current medication(s): _____

_____ (*Initial*) *Boarding can be a stressful time for your pet. Gastrointestinal upsets and other problems can occur. Should your pet have a problem while boarding, we will attempt to*

contact you with the information you have provided. If we are unable to reach you or it is deemed in the best interest of your pet's health, they will be treated according to the doctor's recommendation.

_____ (Initial) it is recommended that all pets be given monthly prevention for parasites such as fleas and ticks, etc., as part of their overall wellness. If your pet is found to have fleas, ticks or other parasites while here they will be treated for the parasite(s) and the charges added to your invoice. We strive to keep our environment as free of parasites as possible. However, we do not guarantee that there will be zero exposure to fleas, ticks or other parasites.

Heartworm prevention? _____ If yes, what kind? _____ Last given? _____

Flea/tick prevention? _____ If yes, what kind? _____ Last given? _____

In case of illness or injury, I, the undersigned do hereby give my authorization and consent for the doctor of this clinic to treat, prescribe for or operate upon my pet(s) while they are being boarded including sedation if necessary.

While making every effort to return items in the condition they come to us in, Osage Veterinary Clinic is not responsible for damages to or loss of items left with my pet while boarding.

Alternate phone #: _____ (best # to reach you)

Emergency contact name: _____ Phone#: _____

Persons authorized to pick up your pet(s):

I have read and understand the authorization and consent. I am the owner, or authorized by the owner, to make medical and financial decisions for the above names animals. I am over eighteen years of age and have the authority to execute consent to all of the acknowledgements stated previously.

Signature of owner/authorized representative:

Date: _____