



Boarding Release Form

Client:
Client Name:
Address:

Telephone:

Patient ID:

Name:
Species:

Breed:
Sex:
Color:
Markings:
Age:

Boarding from _____ to _____

Feeding Instructions OWN FOOD OR HOSPITAL FOOD

Belongings or Medications

Initials _____

FOR DOGS ONLY

- Would you like your pet(s) bathed before pick up ____ Yes ____ No (PICK UP TIME _____)

Are any medicines necessary while boarding? ____ Yes ____ No

*I give Stagecoach Pet Hospital permission to administer medications at a cost of **\$1.84** per day.

*FOR DIABETIC ANIMALS- There will be a \$10 per injection fee to administer Insulin.

Give names of any medications and the dosage to be given:

Initials _____

Is it possible that someone else will be picking up your pet? If so, please list their name and phone number.

Name: _____ Relation: _____ Contact Number: _____

Initial _____

Emergency contact number: _____

Signed: _____ Date: _____

For Multiple Pet- Please label what collar and leash belong to the correct pet.

REQUIREMENTS FOR BOARDING

By signing below, you are authorizing Stagecoach Pet Hospital to perform any necessary medical care while your pet is boarding in the event he or she should become ill or injured. Please be aware that your pet will be examined and, if necessary, treated for external parasites (fleas & ticks) immediately upon arrival. These charges will be added to your boarding fees. Also, any animal left longer than 30 days without communication from you, the owner, will be considered abandoned. I also understand that hospital personnel are not present continuously after normal business hours. **AS OF AUGUST 1 2017 ALL K9 Pets must have BOTH H3N2 and H3N8 Influenza vaccines.**

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

Signed: _____ Date : _____