

Crockett Veterinary Hospital

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Boarding Release Form

BOARDING DATES _____

Client ID:

Client Name:

Address:

Telephone:

Patient ID:

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

Dates of last vaccinations:

Distemper/Parvo/Corona _____ Bordetella _____

Rabies _____

Feline Distemper _____ Leukemia _____

Dog(s) on heartworm preventative? ____ yes ____ no

What kind? ____ monthly ____ daily

Are any medicines necessary while boarding? ____ yes ____ no

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

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations. All vaccinations are good for 1 year.
2. All animals must be free of external parasites (ie, ticks, fleas, etc.), or they will be treated at owner's expense.
3. Crockett Veterinary Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Crockett Veterinary Hospital has my permission to administer such medication.
5. Pets may be picked up before noon or after 3 PM Monday through Friday, and before noon on Saturday.

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

Signed : _____

Emergency Phone Number _____