BOARDING RELEASE FORM

Owner Name: ____________________________ Pet Name: __________________________

Boarding From: ___________________________ Until: ______________________________

Emergency Contact/Phone: ___________________________ Confirmed by: ___________

All pets boarding must be current on all required vaccinations and free of fleas & ticks or they will be treated on admission at owner’s expense.

I understand that the staff will use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable for circumstances that may arise during the care, treatment, or safe keeping of my pet(s).

Current Diet: ___________________________ Brought own food? ______________________

Current Medication(s)/Dose: ___________________________ Time meds due again: ___________

Medicated today? ___________________________

Belongings: ______________________________________________________________________

I understand that the Eden & Fond du Lac Veterinary Clinic, LTD is not liable for personal items damaged or lost while boarding.

Additional services/procedures to be performed while your pet is staying with us (additional costs apply):

☐ Vaccinations ($20+)
☐ Heartworm Test ($42.50)
☐ Fecal Test ($22)
☐ Anal Gland Expression ($20)
☐ Examine & Treat Ears ($40+)
☐ Wellness Exam ($30+)

☐ Nail Trim ($15)

☐ Grooming (if checked, please describe how you would like pet groomed):
____________________________________________________________________________
____________________________________________________________________________

If medications are necessary for treatment or handling, I give my permission to the Eden & Fond du Lac Veterinary Clinic, LTD. to administer such medications. ___________ (initial here)

I authorize the Eden & Fond du Lac Veterinary Clinic, LTD to do whatever is necessary in the case of illness or an emergency situation. If illness requires extraordinary care, we will try to notify you by this number(s): _________________ provided by you, PRIOR to treatment.

I understand that if my pet(s) remain unclaimed 4 days after the pick-up date they will be considered abandoned. I understand that such action will not relieve me from paying all cost of services.

Owner/Guardian Signature: ___________________________________________ Date: ______________________

Printed Name: ____________________________________________________________