

*Eden & Fond du Lac Veterinary Clinic, LTD*  
*252 South Main Street*  
*Fond du Lac, WI 54935*  
*(920)923-8886*

## 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: \_\_\_\_\_

Medicated today? \_\_\_\_\_ Time meds due again: \_\_\_\_\_

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)**:

- |   |   |
|---|---|
| <input type="checkbox"/> Vaccinations (\$20+)         | <input type="checkbox"/> Nail Trim (\$15)   |
| <input type="checkbox"/> Heartworm Test (\$42.50)     | <input type="checkbox"/> Grooming (if checked, please describe how you would like pet groomed): |
| <input type="checkbox"/> Fecal Test (\$22)            | _____   |
| <input type="checkbox"/> Anal Gland Expression (\$20) | _____   |
| <input type="checkbox"/> Examine & Treat Ears (\$40+) |   |
| <input type="checkbox"/> Wellness Exam (\$30+)        |   |

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: \_\_\_\_\_