

Elmbrook Veterinary Clinic Boarding Release Form

Animal Name: _____ Canine Feline Weight: _____

Owner Name: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

Check In Date: ____/____/____ Check Out Date: ____/____/____

Feeding Information

What Kind of Food?	How Much Food Per Meal?	How Many Meals Per Day? AM/PM?

Medication Information

Medication Name	How Much Medication?	How Many Times per Day? With or Without Food?

Please List Personal Items Your Pet Will Have While Boarding:

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Elmbrook Veterinary Clinic will provide all pets with necessary items during their stay such as blankets, beds, and bowls. We encourage owners to leave any beds or blankets at home. Elmbrook Veterinary Clinic is not responsible for the loss or damage of any personal items.

Special Instructions/Procedures You'd Like Performed During Stay

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All pets left for boarding must be current on all required vaccinations and free of fleas and ticks, or they will be treated upon admission at the owner's expense.

If medications are necessary for treatment or handling, I give my permission to Elmbrook Veterinary Clinic to administer such medications.

I authorize the Elmbrook Veterinary Clinic to do whatever is necessary in case of illness or an emergency situation and we are unable to reach you

I give permission to perform services up to: \$

I have been given and read/understand the boarding policy of the Elmbrook Veterinary Clinic

Signature of Pet Owner/Person Responsible: _____ Date: _____