

Date In _____ Date Out _____



Boarding Release Form

Pet's Name _____ Owner _____

Breed _____ Species _____

Age _____ Color _____ Male/Female _____ Spayed/Neutered/Neither _____

Address _____

Phone Number _____ Email address _____

• Vaccinations: **Canine:** Rabies DHLPP-C Bordetella CIV Parvo HWT

Feline: Rabies FVRCP FELV Bordetella FIV/FelV Test

- Other services: _____
- _____

FEEDING: Own Food / Kennel Food Special Instructions _____

INVENTORY:

MEDICATIONS: 1) _____ 2) _____ 3) _____

DATE											
AM											
PM											

All animals being boarded MUST have proof of Rabies, DHLPPC/FVRCP and Bordetella vaccinations given within the last 6-12 months or the animal WILL be vaccinated at the time of visit at owner's expense. Also, if fleas and/or ticks are noted on your pet during boarding, your pet will be treated for fleas/ticks at the time of visit at owner's expense.

Marek Veterinary Clinic recognizes the importance in ensuring your pet is healthy. If, during boarding, physical ailments are noted by the staff, I _____ authorize _____ DO NOT authorize the veterinarian to perform a routine physical exam on my pet.

X _____ Signature/Date