

Pt ID: _____

Boarding Release Form

Your Name: _____

Home Phone: _____ Work Phone: _____

Pet's Name: _____

Drop-off Date: _____ Pick-up Date: _____ AM PM

Emergency Contact Name: _____ Phone: _____

Number where you may be reached: _____

Pet Information:

If you brought food with you for boarding, please list the name of the food _____

Is the food you brought for food allergies or to prevent a food related problem? Yes [] No []

If Yes, Please explain: _____

Current Medications: _____

There is a \$5.00 charge to medicate each pet while boarding.

Please note: If any internal or external parasites are found (i.e., intestinal worms, fleas, ticks, or other) we will treat your pet at an additional cost. Are you currently using external parasite control? Yes [] No []

If yes, when was the last treatment? _____ What product? _____

Special instructions/Other information: _____

For Dogs Only:

Even with extreme caution some dogs can escape over or under fences or through latched gates. While your dog is boarding you may choose one of the following for his/her playtime. Your dog may be kept on a leash while at Hight Veterinary Hospital, PA fenced backyard, or your dog may exercise off a leash while in the fenced backyard.

Exercise **OFF** leash in fenced yard _____ **Exercise ON** leash in fenced yard _____
Initial Initial

We require current vaccinations on all boarding animals. If vaccines are not current, we will administer them at an additional charge.

Please check any of the below items you would like for your pet while here. (Please note that there may be an additional cost)

Exam _____ Bath _____ Nail Trim _____ Ear Cleaning _____ Vaccinations _____ Pevax _____ Flu _____
DHPUY _____ RV1-3 _____
Other _____ DHLPUY _____ Fecal _____
Bord _____ HWOCC _____
FDCLY _____ FVRY _____

I, the undersigned, do hereby certify that I am the owner of (or duly authorized agent for the owner) of the above described animal, that in the event a problem arises, I hereby give the Hight Veterinary Hospital, PA, their agents and/or representatives, full and complete authority to administer anesthesia, to perform surgery, radiography, other diagnostics, or treatments, on the above described animal as they may deem medically necessary, and I hereby release Hight Veterinary Hospital, PA, their agents and/or representatives, from all and any liability for said animal. I furthermore authorize my pet's picture to be used by Hight Veterinary Hospital, PA for website, Social media or in-house hospital use.

Signature: _____ Date: _____