

Shelbyville Road Veterinary Hospital

Boarding Release Form

Only the owner of the animal may drop off and pick up the animal. _____

(Initial)

Client Name: _____ Pet Name: _____

Phone numbers you can be reached at: _____

Emergency contact name: _____ Phone: _____

Dates your pet(s) will be boarding: _____ to _____

Yes No Is your pet up to date on vaccines? (Canine: DHLPPC, Bordetella, Rabies/ Feline: FVRCP, FeLV, Bordetella, Rabies) If not given here, where were they given? _____ Phone: _____

Yes No Is your pet on heartworm and flea prevention purchased at a veterinarian clinic? If yes, where was it purchased?

Yes No Has your dog been tested for heartworms in the last year?
If not here, which clinic? _____

Yes No Has your pet had a negative stool check in the last year?
If not here, which clinic? _____

Yes No Does your pet have any conditions that we should be aware of?

Please list any medications your pet receives and the instructions:

Medication: _____ Instructions: _____

Medication: _____ Instructions: _____

Medication: _____ Instructions: _____

How much does your pet eat at each meal? _____ How many meals/day? _____

Please list items you will be leaving to make your pet more comfortable:

Please list any health concerns that the veterinarian needs to address. (See other side)

Any animals boarding with us need to be up to date on vaccines, flea prevention, heartworm prevention, a current heartworm test, and negative stool sample. If these requirements are not up to date they will be done while here.

Diarrhea will be treated upon onset and we will attempt to contact you.

Please read reverse side