

CROSSROADS ANIMAL HOSPITAL

Boarding Release

OWNER'S NAME _____ DATE _____

PET'S NAME _____ RELEASE DATE _____

Please answer the following questions concerning your pet's present health:

Date of last vaccination? _____

Has your pet shown any recent signs of diarrhea, vomiting, sneezing, or coughing? _____

Have there been any other unusual symptoms or signs that we should be aware of? _____

***A CAPSTAR WILL BE GIVEN TO ALL DOGS AND CATS UPON ARRIVAL AT THE CLINIC TO CONTINUE TO HAVE A FLEA FREE ENVIRONMENT.**

TREATMENT WHILE BOARDING

_____ Bath & Capstar	_____ Capstar only	_____ Bath only
_____ Free Bath (7 days)	_____ Medicated Bath	_____ Bath-Dip
_____ Grooming	_____ Canine – Annuals	_____ Canine- Parvo/Exam
_____ Feline – Annuals	_____ Annuals w/Felv	_____ Annuals w/Felv&FIP

_____ Surgery (specify) _____

_____ Other (specify) _____

_____ Regular Diet (Pro Plan EN provided by C.A.H.)

_____ Special Diet (specify) _____ Owners _____ Ours _____

_____ Medicine (specify) _____ Owners _____ Ours _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of Crossroads Animal Hospital to treat, prescribe for, or operate on my pet(s) while they are being boarded here at this hospital.

The staff at C.A.H. are to use all reasonable precautions against illness, injury, or escape of my pet(s) and will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

I have read the foregoing and agree.

Signature of Owner/Representative of Owner: _____

Emergency phone # where I can be reached _____