

BOARDING RELEASE FORM
Helmwood Veterinary Clinic

Please print, fill out this form and bring it to the veterinary clinic at the time of your boarding appointment. In order to print, click the print button on the top of your browser.

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of Helmwood Veterinary Clinic to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Helmwood Veterinary Clinic.

You are to use all reasonable precautions against illness, injury, or escape of my pet, but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice the pet will be considered abandoned and may be disposed of, or destroyed, as you deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

I understand that if my pet is not up to date on annual vaccines including *bordetella*, they will be given and I will be responsible for the payment of these services.

ANY PET ADMITTED FOR BOARDING THAT IS INFESTED WITH FLEAS AND/OR TICKS WILL BE BATHED AND TREATED AT OWNER'S EXPENSE. AN EXTRA FEE WILL BE ADDED FOR ANIMALS REQUIRING SPECIAL HANDLING.

Please allow my dog to be exercised in an indoor run twice daily. Because of security risk, please do not take my dog outside.

I would like my dog to be walked outside twice daily. Dogs are double leashed by kennel attendant. I realize outside walking involves a security risk and will not hold clinic liable in case of injury, escape or death of my pet.

I have read the foregoing and agree.

Signature of Owner/Representative of Owner

Date

Address

Emergency phone # where I can be reached or contact person's phone number & name

Would you like your pet scheduled for a bath or groom? _____

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

Date of last vaccinations: _____

Where given: _____

Has your pet shown any recent signs of diarrhea? _____

Vomiting? _____

Sneezing? _____

Coughing? _____

Any other symptoms we need to be aware of? _____

If you have answered yes to any of the above questions, please explain fully on the reverse side.