

**Woodmoor Veterinary Hospital**  
17950 Veterinary View  
Monument, CO 80132  
(719) 488-2500

**Boarding Release Form**

Client ID:  
Client Name:  
Address:

Telephone:

Patient ID:  
Name:  
Species/Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

**Best Contact Name/Number:** \_\_\_\_\_

Woodmoor Veterinary Hospital understands that sometimes a situation will occur not permitting you to pick up your pet at the designated time. We are happy to accommodate situations such as this and you understand that an attempt to contact Woodmoor Veterinary Hospital before the anticipated discharge date is crucial so we may accommodate accordingly. It is also understood additional boarding time will accrue additional charges.

Woodmoor Veterinary Hospital will use all reasonable precautions against injury, escape or death of my pet and will not be held liable in connection therewith. It is understood that I assume all risks. If my pet(s) passes away while in the care of Woodmoor Veterinary Hospital your pets remains will be held in our cold storage.

Woodmoor Veterinary Hospital has my permission to use any off label product(s) for my pet while boarding.

**My Regular Veterinarian (If not Woodmoor Veterinary Hospital) is:** \_\_\_\_\_

**REQUIREMENTS FOR BOARDING**

- All animals must be current on all vaccinations.
- **All prescription medications MUST be in their original bottle with clear instructions. Bottles can not be damaged or unreadable.**
- All animals must be free of external parasites or they will be treated at owner's expense.

**1. Make one selection of the three options:**

Woodmoor Veterinary Hospital has my permission to perform **BOTH EMERGENCY AND NON-EMERGENT** medical treatments at doctor's discretion that may be needed prior to contacting me should an issue arise. I understand this treatment will be performed at my expense.

Woodmoor Veterinary Hospital has my permission to perform **ONLY EMERGENCY** medical treatments at doctor's discretion prior to contacting me should an issue arise. I understand that this treatment will be performed at my expense.

Woodmoor Veterinary Hospital **DOES NOT** have my permission to perform medical treatment of any kind without my verbal approval.

**2. Would you like us to add a probiotic to your pets food once daily to help with stress diarrhea for \$1.00/day?**

YES  NO

**3.** If a tranquilizer is necessary for treatment or handling, Woodmoor Veterinary Hospital has my permission to administer such medication.

**4. In the event of an emergency Woodmoor Veterinary Hospital has my permission to perform**

CPR (Cardio Pulmonary Resuscitation)

DNR (DO NOT Resuscitate)

**5.** My pet will be staying at Woodmoor Pet Lodge from \_\_\_\_\_ until \_\_\_\_\_.

**6.** I certify that I am the owner (or authorized agent for the owner) of the animal described above, and I hereby give Woodmoor Veterinary Hospital full and complete authority to board and care for my companion. I have read the boarding requirements and understand the hospital's policies.

Client Signature: \_\_\_\_\_

Date: 7/8/2022

### 7. Medications:

\_\_\_\_\_ arrived with no medications.

\_\_\_\_\_ is on the following medications.  - **Fill Out Boxes Below**

Medication Name/Strength	Medication Dose (# of tablets/capsules)	Given How Often?

All medications MUST be in the original dispensing container with a legible original label.

### 8. Toys, blankets, and other personal items:

\_\_\_\_\_ arrived with no toys, blankets, or other personal items.

\_\_\_\_\_ has the following toys, blankets, and/or other personal items.

(Please list specifically/descriptively- example say a medium size white blanket with red and pink hearts, not just a white blanket)

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### 9. Food

\_\_\_\_\_ has their own food and may only eat the food we have provided.  How many cups per meal \_\_\_\_\_. How many cups per day \_\_\_\_\_.

\_\_\_\_\_ may eat the food provided by Woodmoor Veterinary Hospital  How many cups per meal \_\_\_\_\_. How many cups per day \_\_\_\_\_.

If \_\_\_\_\_ runs out of food or is not eating well a special diet might be needed to get \_\_\_\_\_ to eat and could accrue additional charges..

### 10. Treats

\_\_\_\_\_ may not have any treats while boarding

\_\_\_\_\_ may only have the treats I have provided while boarding. He/She may have up to \_\_\_\_\_ treats per day.

\_\_\_\_\_ may have treats provided by the pet lodge. He/She may have up to \_\_\_\_\_ treats per day.

### ***Hospital use only***

Employee to fill out: Kennel Technician Intaking Pet: \_\_\_\_\_

#### **Medication Authorization/ Change by Veterinarian**

(Medications not prescribed from Woodmoor Veterinary Hospital)

I Doctor (printed Name) \_\_\_\_\_ give permission to use this medication as labeled or will change dose as noted below.

Medication Name/Strength	Medication Dose (# of tablets/capsules)	Given How Often

All medications **MUST** be in the original dispensing container with a legible original label.

Veterinarians Signature \_\_\_\_\_