

Haven Animal Hospital
1045 Fulton Ave
Grand Haven, Michigan 49417

Boarding Release Form

Client Name: _____ Emergency Contact #: _____
Patient : _____
Species: _____
Breed: _____
Birthdate: _____
Weight: _____

Patient Alerts: <animal-alert>

Arrival Date: _____ Departure Date: _____

All pets left for boarding must be current on all required vaccinations and free of fleas and ticks, or they will be treated on admission at the owner's expense. I understand that Haven Animal Hospital is not responsible for any damage that may be done to personal belongings that are left with my pet during his/her stay.

If medications are necessary for treatment or handling, I give my permission to Haven Animal Hospital to administer such medications. I authorize Haven Animal Hospital to do whatever necessary in case of illness or an emergency situation.

Updates are available on how your pet(s) is doing during their stay with us. Would you like to receive an update? Yes ___ No ___

How would you like your update? Text ___ E-mail ___

Includes photos? Yes ___ No ___

Please provide the correct and best e-mail or phone number in which we can provide these updates to you. _____

Signature of Pet Owner or Person Responsible

_____ Date: _____

Reminders:
<reminders>