

KURTZ VETERINARY CLINIC
560 NORTH WASHINGTON STREET
HAGERSTOWN, IN 47346
(765) 489-5141

Boarding Release Form

Client ID:
Client Name:
Address:

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

Telephone:

Email:

Arrival Date: _____ Departure Date _____

Please perform the following procedures checked below:

Vaccinations:

Dog: **DA2PP** _____ **BORDETELLA** _____ **INFLUENZA** _____ Rabies _____
Cat: **FVRCP** _____ Leukemia _____ Rabies _____

Physical Exam _____ Nail Trim _____ Microchip Inject _____ Heartworm Test _____

Leukemia/FIV Test _____ Intestinal Parasite Screen _____ Bath: Regular _____ Medicated _____

Other procedure: _____

Are any medicines necessary while boarding? _____ yes _____ no

Give names of any medications and the dosage to be given: _____

Did you bring food for your pet?

Personal items brought (please describe) _____

Emergency contact number (if you cannot be reached) _____

REQUIREMENTS FOR BOARDING

1. All animals **must** be current on vaccinations in bold print.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. All animals must have a negative intestinal parasite screen within the last 6 months, or they will be tested and treated at owner's expense.
4. KURTZ VETERINARY CLINIC has my permission to vaccinate and do whatever is necessary should an emergency arise.
5. Pets may be picked up between 7:30 AM and 6 PM Monday through Friday, and between 8 AM and noon on Saturday. No exceptions.

I have read the boarding requirements and understand the hospital's policies. It is agreed that payment will be made when I pick up my pet.

Signed :

Date:
