

Boarding Release Form

Drop off date _____ Pick up date _____

Client _____

Pet _____ Bath Yes ____ No ____

Medications and instructions _____

Feeding instructions: Own / Kennel Amount: _____ am / pm / free feed

Pet _____ Bath Yes ____ No ____

Medications and instructions _____

Feeding instructions: Own / Kennel Amount: _____ am / pm / free feed

Pet _____ Bath Yes ____ No ____

Medications and instructions _____

Feeding instructions: Own / Kennel Amount: _____ am / pm / free feed

Belongings _____

Requirements for boarding:

1. All animals must be current on vaccines according to Kindness Small Animal Hospital protocols.
2. All animals must be free of external parasites or they will be treated at owner's expense.

This is signed with an understanding that if a medical condition arises, the doctors of Kindness Small Animal Hospital will make and attempt to contact you at the number(s) listed below. If they are unable to reach you, this is serving as contract to administer the treatment(s) deemed necessary for the medical condition for which you are financially responsible.

I have read the boarding requirements and understand the hospital policies.

Signed _____ Emergency phone number _____