



## Boarding Release Form

Date \_\_\_\_\_ Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_ Species \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Male/Female \_\_\_\_\_ Spayed/Neutered/Neither \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Special Instructions \_\_\_\_\_

Marek Veterinary Clinic recognizes the importance in ensuring your pet is healthy. If, during boarding, physical ailments are noted by the staff, I \_\_\_\_\_ authorize \_\_\_\_\_ DO NOT authorize the veterinarian to perform a routine physical exam on my pet. \*\*\*All exams, diagnostics and treatments authorized by the owner are at owner's expense and must be paid in full at time of pick-up.\*\*\*

Please accept or decline the following additional procedures, which will be performed at owner's expense:

- |  |        |        |         |            |
|--|--------|--------|---------|------------|
| • Vaccinations:  | Canine | Rabies | DHLPP-C | Bordetella |
|  | Feline | Rabies | FVRCP   | FELV       |
| • Canine Heartworm Test                                  |        | Y      | N       |            |
| • Feline Leukemia/FIV Test                               |        | Y      | N       |            |
| • Fecal/Oral Dewormer                                    |        | Y      | N       |            |
| • Flea Prevention  |        | Y      | N       |            |
| • Heartworm Prevention (requires current heartworm test) |        |        |         | Y N        |
| • Other Vaccinations/Services                            | _____  |        |         |            |

\*\*\* All animals being boarded MUST have proof of rabies, DHLPPC/FVRCP and bordetella vaccinations given within the last 6-12 months or the animal WILL be vaccinated at the time of visit at owner's expense. Also, if fleas and/or ticks are noted on your pet during boarding, your pet will be treated for fleas/ticks at the time of visit at owner's expense.\*\*\*

X \_\_\_\_\_

Signature/Date