BOARDING RELEASE FORM

Pet's Name: _____

Boarding requirements are listed below:

DHPPC or DRCP
Rabies
Kennel Cough
Current flea and tick treatment - Date applied: _____

Boarding fees include walking your pet. Your pet will be walked twice daily.

If evidence of fleas or ticks are found on your pet, a topical flea and tick treatment will be applied.

Is your pet on any medications now? If yes, please list and give dosages:
Please bring any medications in their original bottles.

_____
_____
_____

Board until:_____

Discharge Hours: Mon – Fri: 9:00am – 12:00pm
2:00pm – 6:00pm
Sat: 9:00am – 12:00pm

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Gloucester Veterinary Hospital, Ltd. To treat, prescribe for, or operate on my pet(s) while they are here being boarded at Gloucester Veterinary Hospital, Ltd.
They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe-keeping of my pet(s), as it is thoroughly understood that I assume all risks.
Should the circumstance arrive that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that, with written notice, the pet(s) will be considered abandoned and may be disposed of, or destroyed, as you may deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

I have read the foregoing and agree:

_____ _____
Signature of owner/representative of owner Date

Phone #_____