

BOARDING RELEASE FORM

Pet's Name: _____

Boarding requirements are listed below:

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

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:

Board until: _____

Would you like your dog to be walked twice daily while being boarded?

Yes _____ No _____

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 # _____