

Vet Med Animal Clinic
7257 Turner Lake Rd
Covington, GA 30014
770-787-4899

Boarding Release Form

Client Name : _____
Secondary: _____
Address : _____

City / State / Zip: _____
Telephone : _____

Name : _____
Species : _____
Breed : _____
Sex / Altered : _____
Color : _____
Weight : _____
Birth Date : _____

Drop off date, _____ Pick up date, _____

Bath Y_____ N_____ If yes, pet will be ready for pick up after 11:00am) Nail Trim Y_____ N_____

Please list all belongings being left with pet, _____
_____.

Is your pet on any medication? Y___ N___, If yes please list all medications _____

What dosage and last time given, _____

Is your pet on any special diet? Y_____ N_____, If so what special food? _____

Vaccine current: Yes_____ No_____, if NO, I authorize VetMed animal clinic to give all vaccines that is needed.

Vaccines that are needed: _____.

___ I understand that if my pet should have fleas, my pet will be given a deflea pill before going into the kennel.

___ I will be responsible for the \$13.00 expense charge of treatment.

___ If my pet should become ill while boarding or in an emergency, I may be reached at _____

___ If Vetmed animal clinic is unable to contact me, veterinary services will be provided as necessary for the wellbeing of my pet.

___ I understand i will be responsible for any charges that may incurred.

___ I understand that if my pet is not picked up by 2:00 pm on the day of pickup there will be a day added of boarding charge.

___ Sometimes when away from home pet's experience separation anxiety (Nervousness)

If this occurs may we lightly sedate your pet? Yes_____ No_____

I will be responsible for all charges incurred, and understand that full payment is due at time of pick up.

Signature of owner

Phone Number

Date