



**BOARDING REGISTRATION AND RELEASE AUTHORIZATION:**

CHECK IN DATE: \_\_\_\_\_

PICK UP DATE: \_\_\_\_\_

If you are boarding your pet with us, we do require **confirmation** that these particular vaccinations are **current**:

**For Canine Companion(s)**, the required vaccinations are:

Distemper/Parvo, Corona, Rabies and Bordatella (Kennel Cough).

**For Feline Companion(s)**,

Distemper and Rabies

**\*\*If we discover that that any of these vaccines are outdated we will administer those that are required at the owner's expense.\*\***

What kind of food does your pet eat? \_\_\_\_\_

Is your pet on any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what medication(s) does your pet take? \_\_\_\_\_

Did you bring any of these medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any special concerns regarding the care of your pet?

\_\_\_\_\_  
\_\_\_\_\_

Would you like your pet to be bathed? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*There is an additional fee for the bath\*

What time will be picking up your pet? \_\_\_\_\_ AM \_\_\_\_\_ PM

**All pets left for boarding MUST be current on all required vaccinations and free of fleas and ticks, or they must be treated upon admission at the owners' expense! If any medications become necessary in order to treat or handle your pet, the Animal Hospital of Dunedin is authorized to administer such medication. The Animal Hospital of Dunedin will use all reasonable precautions against escape, injury, or death of the pet. If the pet should become ill during this stay, the Animal Hospital of Dunedin will not be held liable, provided that reasonable care and all precautions had been taken. I understand that boarding can be stressful for some pets and may predispose them to medical conditions not normally encountered in the home setting.**

**\*\*Due to the fact that we will be frequently cleansing the area in which your pet stays, we suggest that you do not leave any of the following items as we can not guarantee their return: toys, blankets, beds, bones, leashes, collars, food dishes etc.\*\***

*I authorize the staff veterinarians of the Animal Hospital of Dunedin to treat my pet as needed and I ASSUME FULL RESPONSIBILITY FOR EXPENSES INCURRED!*

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Owner of Responsible Party \_\_\_\_\_