

Day Boarding Release Form

Client Name: _____

Patient Name: _____ Patient #: _____

Date: _____

If needed, I may be reached at: _____

If a minor medical issue or a life threatening situation should arise, I authorize Shiloh Veterinary Hospital to administer medical care or treatment that is deemed necessary. I understand this could include transporting my pet to the emergency clinic, and I will be responsible for all related charges.

Initial _____ If fleas are present on my pet I will be required to treat with a flea treatment

Vaccines due while day boarding:

Dogs:

Exam

Influenza (Required)

Rabies (Required)

Dalpp/Dapp (Required)

Bordetella (Required)

Fecal

Heartworm Test

Cats:

Exam

Rabies (Required)

FVRCP (Required)

Felv (Required)

Fecal

Do we need any refill on heartworm or flea prevention today? _____

Medications: We understand that many of our day boarders are on medication, and we are happy to accommodate their needs while boarding. Medications can be given up to twice a day at no charge. There will be a fee for administering insulin.

Medication: _____ Directions: _____

Medication: _____ Directions: _____

Belongings: Shiloh Veterinary Hospital is happy to accommodate special request from our clients. You are welcome to leave your pet's personal belongings. We supply bedding material to pad each pet's cage. Shiloh Veterinary Hospital cannot be responsible for the loss of any items or injury to the pet due to ingestion of items left by you.

Signature: _____ Date: _____