

GREENWAY ANIMAL CLINIC BOARDING RELEASE FORM



OWNER'S NAME: _____ PET'S NAME: _____

BOARDING INFORMATION

DROP OFF DATE _____ PICK UP DATE: _____

WHAT DO YOU FEED? _____ AMOUNT? _____
FEED ONCE A DAY _____ OR TWICE A DAY _____

\$3.00 PER DAY WILL BE ADDED FOR SPECIAL DIETS / PERScription DIETS NOT PROVIDED BY OWNER. YOUR PET WILL BE FED TOP QUALITY PURINA EN OR SCIENCE DIET REGULAR DIETS UNLESS YOU SPECIFY OTHERWISE.

MEDICATIONS: (LIST DOSAGE & WHEN GIVEN) \$2.50 PER DAY ADDITIONAL FEE

BATHE? YES _____ NO _____

IF ANY FLEAS OR TICKS ARE PRESENT UPON ADMISSION. THE PATIENT WILL BE TREATED AT THE OWNERS EXPENSE.

****PLEASE LIMIT THE NUMBER OF ITEMS BROUGHT TO STAY WITH YOUR PET. WE WILL NOT BE RESPONSIBLE FOR LOST ITEMS.****
EACH ANIMAL WILL BE PROVIDED WITH BEDDING IN THE KENNEL.

HAS THERE BEEN ANY ILLNESS WITHIN THE PAST 30 DAYS? _____

ARE THERE ANY CONCERNS WE SHOULD WATCH FOR? _____

GREENWAY ANIMAL CLINIC WILL USE ALL REASONABLE PRECAUTIONS AGAINST INJURY AND ESCAPE. THE CLINIC & STAFF WILL NOT BE HELD LIABLE FOR ANY PROBLEMS THAT DEVELOP PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. I UNDERSTAND ANY PROBLEMS THAT DEVELOP WITH MY PETS WHILE I AM ABSENT WILL BE TREATED AS DEEMED BEST BY THE VETERINARIANS, AND I ASSUME FULL RESPONSIBILITY FOR THE EXPENSE. IN THE EVENT OF A DISASTER SUCH AS A HURRICANE, THE CLINIC MAY NOT BE ABLE TO PROVIDE THE SAME LEVEL OF CARE, BUT WE WILL DO OUR BEST.

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ PHONE# _____

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