

**Case Veterinary Hospital
111 Eisenhower Drive
Savannah, Georgia 31406
912-352-3081**

Boarding Release Form

Client ID :

Client Name :

Spouse :

Address :

City / State / Zip:

Telephone :

Patient ID :

Name :

Species :

Breed :

Sex / Altered :

Color :

Weight :

Birth Date :

Doctor:

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of this hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the hospital.

All pets are given a boarding check in exam by a technician. If you prefer a complete physical examination by a doctor, please let us know

All pets are fed Hill's Science Diet Maintenance unless you provide your own food.

We are unable to allow you to leave toys or pet bedding for sanitary reasons. We will provide appropriate bedding for each pet.

My pet has been fully vaccinated within the last 12 months. If I cannot show proof of such vaccinations, then I give permission for the hospital to administer vaccinations required for the boarding of my pet(s). All pets must be free of fleas and ticks or they will be treated upon admission at the owner's expense.

I have read and understand the authorization and consent.

Begin boarding date ____ / ____ / ____ End boarding date ____ / ____ / ____

Telephone number(s) or e-mail where the owner can be reached:

Special Diets, Medications or services to be performed while boarding (please note, an additional fee applies)

Have these medications been given today? Yes No

Would you like your pet to have a boarding bath, a full bath (which includes a full dryout, brushing, nail trim, ear cleaning, and a bandana) or a groom? (circle one) Yes No Date: ____ / ____ / ____
Feel free to ask for pricing (determined by size and hair length)

WE WILL NOT BE ACCEPTING BOARDING IF CHATHAM COUNTY IS UNDER A HURRICANE ADVISORY.
ALL VETERINARIANS IN CHATHAM COUNTY WILL BE EVACUATING IF ADVISED FOR THE SAFETY OF THE PETS AND THE EMPLOYEES.
PLEASE MAKE SURE TO GIVE US A PHONE NUMBER OF SOMEONE WE CAN REACH IN THE EVENT THAT THIS BECOMES NECESSARY.

Date _____ Signature of owner _____