

Danforth Animal Hospital
Boarding Release Form

Client Name: _____ **Pet(s) Name:** _____

Check-In Date: _____ **Check-out Date:** _____

NOTE: We require all pets to be current on all vaccinations for boarding. If we did not administer the vaccines we require proof of vaccination. If you plan to pick up your pet(s) on Sunday evening between 5pm and 6pm, pre-payment is required when dropping off.

Does your pet(s) need medications while here? Rx names and directions:

Please list any medication you will have given prior to drop-off and the time it was administered:

Feeding Instructions:

We normally feed Science Diet, will that be ok for your pet(s)? _____

If you're bringing your own food, what is the name/ type? _____

How much should we feed and how often? _____

We do provide bedding and bowls for all boarding animals

What belongings will you be leaving with your pet (collar/leash/treats etc.)?

Please list any additional services that your pet will need while staying with us?

If your pet is staying for more than 3 nights they will receive a complimentary bath. Since they will need time to dry, please let us know if you are going to be picking up in the morning or evening.

As the owner or owner's agent, I authorize the medical staff of Danforth Animal Hospital to receive, treat, prescribe or otherwise care for the animal above as deemed necessary.

Should injury or circumstance warrant the need for emergency service, I understand that the medical staff will try to contact the people listed below before treatment, but may have to exercise the option to proceed if no one can be reached.

Emergency Contact Name : _____

Emergency Contact Phone Number : _____

I have labeled all toys, belongings, medications, foods, treat etc. brought with my pet(s) so that the clinic can use these accordingly and return any personal items.

Signature: _____ **Date:** _____