

ReBoarding RELEASE

Arrival Date: _____ DropOff: _____ Discharge Date: _____ PickUp: _____

Client ID: _____	Patient ID: _____
Client Name: _____	Boarder: _____
Address: _____	Species: _____
_____	Breed: _____
_____	Sex: _____
Telephone: _____	Color: _____
_____	Markings: _____
_____	Weight: _____
_____	Birth Date: _____

Owner authorizes the following Services/Vaccinations DURING STAY: _____

(initials)

DUE DATE: Rabies _____ Distemper _____ Bordetella – 6 month vaccination _____ HWT _____

BATH (at an additional cost, initial)? Yes No GROOM (haircut at an additional cost, initial)? Yes No

List any Medications/dosages necessary while boarding? (at an additional cost)

Heartworm preventative? Yes No Brand Last date applied/given? _____
Flea control? Yes No Brand Last date applied? _____

Veterinarian: _____ Phone #: _____

Feeding Instructions: Own Food _____ VVC Food _____

Vaccination Policy

To prevent the spread of disease while your pet is in our care, pet must be current on rabies, distemper, and bordetella (dogs only, within the last 6 months) vaccinations. It is the responsibility of the owner to provide proof of vaccination history from a veterinarian for each animal boarding. To insure the protection of all the pets under our care, the vaccinations listed above must be current **prior** to boarding. Animals whose vaccinations are not current will be examined and vaccinated by Village Veterinary Clinic (VVC) prior to admittance and **at the owner's expense** or they *will not be allowed to board*.

Owner understands that even if Owner's dog(s) is vaccinated against Kennel Cough (Bordetella), there is a chance that the Owner's dog can still contract Kennel Cough during their stay. Owner specifically agrees that VVC shall in no way be responsible should owner's pet contract any illness while in the care of VVC. _____ (initials)

***** Label ALL PERSONAL ITEMS prior to dropping off. VVC is not responsible if they are lost or stolen *****

I have previously read all boarding requirements and understand the hospital's policies.

MasterCard or Visa # _____ Exp Date _____ VCode: _____

Emergency Contact Person/Authorized Individual: _____ Phone #: _____

Signed by Owner/Agent _____ phone _____ date _____

We Do Not Monitor Animals After Hours