

Boarding RE-RELEASE

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

Owner authorizes the following Services/Vaccinations DURING STAY: _____

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

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 _____

Chews Furniture, bedding, towels, etc? YES NO O.K. to leave bedding/towels in kennel? YES NO

Owner to List & Label ALL Personal Belongings: _____

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 **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)

*** Pets may be picked up or dropped off between 7:30 A.M. - 5:30 P.M. Monday through Friday. Saturday pick up/drop off times are between 8:30 A.M.-12:30 P.M or 3:30P.M. by appointment. Sunday drop off/pick up times are by appointment only at 8:30 A.M. or 3:30 P.M. **There is an additional charge for Holiday pick ups.** _____ (initials)

*****Village Veterinary Clinic is not responsible if personal belongings are lost, stolen, or damaged.***
I have previously read all boarding requirements and understand the hospital's policies.**

****If you are picking up after hours pre payment or credit card number on file is required.**

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

Signed by Owner/Agent _____ phone _____ date _____

_____ Cage Type

_____ Nightly Rate

_____ Initial's of Owner

We Do Not Monitor Animals After Hours