



BOARDING RELEASE FORM

Client Information:

Name _____

Address _____
STREET CITY STATE ZIP

Home Phone Number _____

Emergency Contact Number _____

Check In Date _____

Check Out Date _____

Patient Information:

Pet 1:

Name _____

Breed _____

Sex _____ Age _____

Color _____

Pet 2:

Name _____

Breed _____

Sex _____ Age _____

Color _____

Vaccination Dates:

****Proof of vaccinations within the last 12 months (unless an approved multi-year vaccine is used) must be provided for your pet(s) to be boarded in our kennels. If vaccinations are not current, your pet(s) will be updated upon arrival. All pets must also be free of external (fleas & ticks) and internal (worms) parasites. Pets found to have any parasites will be treated upon discovery of the parasites. This is for the protection of your pet(s) as well as the other pets in our kennels.**

_____ My pet(s) have been vaccinated at Cedar Bluff Animal Clinic. (please initial)

_____ My pet(s) have been vaccinated at another clinic: (please initial)

Dates: Canine Distemper/Parvo/Corona: Pet 1 _____, Pet 2 _____

Bordatella: Pet 1 _____, Pet 2 _____

Rabies: Pet 1 _____ 1 year or 3 year, Pet 2 _____ 1 year or 3 year

Feline Distemper: Pet 1 _____, Pet 2 _____

****Proof of vaccination can be brought with you or forwarded in advance by fax (865-531-1451) or e-mail (pets@cbacvet.com)**

Feeding Instructions:

We provide Royal Canin food for all dogs and cats in the boarding facility. If your pet is on a special diet or is sensitive to diet changes, we recommend you bring your own food or you can purchase the food from us if it is one we carry.

_____ Please feed your regular kennel food

_____ I will provide my own food

_____ I need to purchase food

Please indicate the frequency and amount of food to be fed:

Does your pet(s) need to be fed on the check in date? _____ yes _____ no (please initial one)

When? _____



Medications:

Are any medications necessary while boarding? _____yes _____no (please initial one)

Please give the names, dosage and frequency of medication to be given:

Do any medications need to be administered of the day your pet(s) is dropped off? (please indicate which medications) _____ yes _____no (please initial one)

Items brought with pet(s):

Please list all personal items brought with your pet (except food and medications listed above):

Other:

Would you like your pet(s) bathed before going home? _____yes _____no (please initial one)

*If yes, please plan to pick up your pet after 4pm. Pets going home on Saturday or Sunday will be bathed on Friday. If yes, you will be charged for the bath.

If a non-emergency medical situation should arise while your pet(s) is boarding, do the doctors have permission to perform treatments for your pet(s)? (please initial one)

_____ yes, please provide any medically necessary treatment

_____ yes, but please keep treatments under \$_____

_____ please contact me first

_____ no

In case of emergency, life saving treatment will be initiated immediately and every attempt will be made to reach you and/or the emergency contact person. The doctors will continue providing emergency care until the patient has recovered or other instructions are provided to us by you or the emergency contact person.

In case of emergency, please contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone number _____

By signing below I acknowledge that I have read the entire form and do hereby authorize Cedar Bluff Animal Clinic to provide boarding services and any other services as indicated above. I further acknowledge that I am responsible for all charges incurred while my pet(s) is under the care of Cedar Bluff Animal Clinic and will make payment in full at the time my pet(s) is discharged.

Signature of Owner or Responsible Person _____

Date _____