

Owners Release

Pets Name: _____

Any Known Medical Problems: _____

You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided all reasonable care and precautions are followed. Should problems arise, you will attempt to call me. If I can not be reached, you will attempt to contact the person authorized to act in my behalf listed in my pet's record. Should the clinic be unable to reach me or the person designated as the emergency contact below, I understand that my pet will be treated as deemed best by the attending veterinarian, and I will assume full responsibility for the treatment expenses involved. I have been provided with a written boarding policy and understand the terms and conditions of the policy.

Signature: _____

Date: _____

Emergency Contact:

Name: _____

Phone Number: _____

Boarding Preferences:

Food (circle one): Dry or Wet

Amount: _____

Times per day: _____

Bath (circle one): Yes or No

Fecal within the past 6 months? Yes or no

Vaccines up to date: Yes or No

Medication: yes or no

Type and Frequency: _____
