

West Main Animal Hospital
 2216 W. Main St.
 Alhambra, CA 91801-1758
 (626) 282-2179

Boarding Release Form

Client ID:		Patient ID:	
Client Name:		Name:	
Address:		Species:	
		Breed:	
		Sex:	
Telephone:		Color:	
		Markings:	
Emergency Contact :		Birth Date:	
Phone number(s):			
Email address			

***Please bring proof and/or provide contact information for vaccinations given elsewhere**

Canine vaccines	Date given:	Feline vaccines	Date given:
DHLPP		FVRCP	
Bordetella		Feline Leukemia (FeLV)	
Corona		FIP	
Rabies: <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year		Rabies: <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year	

For Dogs: Would you like your pet bathed while boarding? (additional fees may apply) Yes No

Medications, if any, and dosages to be given:

Please list all personal belongings:

Feeding schedule: **Diet:** _____

Amount: _____ **cups** _____ **can** **How many times per day:** _____

REQUIREMENTS FOR BOARDING

1. All pets must be current on all required vaccinations.
2. All pets must be free of external parasites (ex. ticks, fleas), or they will be treated at owner's expense.
3. In the event my pet requires medical attention while boarding I **DO/DO NOT** give West Main Animal Hospital my authorization for necessary treatment. I understand that all possible efforts will be made to contact me prior to treatment and I assume financial responsibility for all charges incurred.
4. In case of an emergency, West Main Animal Hospital has my permission to treat my pet as necessary to be determined by the veterinarian in charge and I assume financial responsibility for all charges incurred.
5. If a tranquilizer is necessary for treatment or handling, West Main Animal Hospital has my permission to administer such medication.
6. Pets must be picked up during regular office hours. Failure to pick up my pet before closing time on the day scheduled for pick up will result in additional boarding fees.

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

Signed: _____ Date: _____