
Williams Animal Clinic Boarding Release Form

Owner: _____ Case No: (Office use) _____
Street: _____ City: _____
Phone: _____
Patient: _____ Breed: _____
Sex: Male / Female (Circle One) Age: _____
Color: _____

Date of Admission: _____ **Discharge Date:** _____

Articles Left: _____

Medications: _____

_____ **There is an additional \$5.00/night charge for medication administration.**

Instructions for medications: _____

At Williams Animal Clinic, nothing is more important to us than the health and well-being of pets in our care. In order to provide a healthy environment for our boarding pets, free of viral diseases and fleas, we require the following:

1. Current annual vaccinations.

DOGS: Rabies, DA2LPP, and Bordetella (kennel cough)

CATS: Rabies and FVRCCP

2. Any pet with a noticeable flea problem will be given a fast acting adulticide (Capstar) for an \$8.00 charge.

3. We have an obligation to treat your pet if any illness or emergency may arise during their stay. We will make every effort to contact you in case of an emergency by using the contact number you provide.

_____ **If we are unable to reach you, the health and well-being of your pet must be our first priority. Treatment will be instituted at owner's expense at the doctor's discretion.**

_____ Yes No - **Would you like for your pet to receive a bath before he/she goes home? This will be an additional charge of \$21.00 (small) - \$45.00 (large) depending on weight/size of your pet. (If your pet stays 5 nights, there will be a \$5.00 discount on the price of a bath).**

Client Signature: _____ **Date:** _____

Contact Phone: 1. _____ 2. _____