

Summit Animal Hospital
2708 N.W. Logan Street
Camas, Wa 98607

Boarding Release Form

Pet name: _____

Owner/Agent: _____

ID# _____

Is your pet feeling well? yes no-explain: _____

Please list most recent date completed:

Dogs: Exam: _____ DHPP: _____ Bordetella: _____ Rabies: _____ () authorized to perform

Cats: Exam: _____ FVRCP: _____ FELV: _____ Rabies: _____ () authorized to perform

Fecal: _____ () authorized to perform

Flea Treatment: _____ () Advantage () Frontline () Other _____ () Please apply

Recommendations: _____ () authorized to perform

Are any medications necessary while boarding? yes no

Give names of any medications and the dosage to be given:

Brought own food yes no directions: _____

Brought toys or bedding? List: _____

Is there anything additional you would like to have done while your pet is boarding?(additional charge/please ask for estimate) _____

**** Requirements for Boarding ****

- () 1. All Pets must be current on all vaccinations.
- () 2. All pets must be in good health. I give permission for an examination if deemed necessary by the veterinarian.
- () 3. All pets must be free of external parasites (ex. ticks, fleas, etc.) or they will be treated at owner expense.
- () 4. Summit Animal Hospital has my permission to do whatever is necessary should an emergency arise.
- () 5. If a tranquilizer is necessary for treatment or handling, Summit Animal Hospital has my permission to administer such medication.
- () 6. Pets may only be picked up/dropped off during normal business hours.

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

Signed: _____ Contact phone #: _____

Date pet dropped off: _____ Dates & time pet will be picked up: _____