



FAMILY ANIMAL HOSPITAL
FRIENDSWOOD

Boarding Information and Release Form

Client ID: {ID} Patient ID: {PATIENTID}
 Client Name: {FULLNAME} Name: {NAME}
 Address: {ADDRESS1} {ADDRESS2} Species: {SPECIES} - {BREED}
 {CITY}, {STATE} {POSTALCODE} Sex: {SEX}
 Telephone: {PHONENUMBER} Color: {COLOR}
 {PHONEDESCRIPTION}
 Emergency 1) Name Phone Markings: {MARKINGS}
 Contacts 2) Name Phone Birth Date: {BIRTHDATE[SHORT]}

Weight at check - in _____ TPR: _____

Drop off date & time _____ Pick up date & time _____

While your pet is boarding, would you like non-mandatory vaccines and/or heartworm/flea prevention updated? Yes No

The Following Vaccines MUST be Current for Boarding, so they will be given or marked as current

DOGS		CATS	
Bordetella	UTD _____ or is due _____	FVRCP	UTD _____ or is due _____
DHPP	UTD _____ or is due _____		
Fecal	UTD _____ or is due _____		
CIV	UTD _____ or is due _____		
Exam w/ Rabies if due - _____ <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr UTD _____ or is due _____			

Feeding and Medication Information and Schedule

*Medication administration fee \$2.50 each dose

Has your pet been given medication today? am noon pm no meds given

FOOD	LIST MEDICATION AND DOSAGE
<input type="checkbox"/> provided by owner <input type="checkbox"/> provided by hospital	<input type="checkbox"/> am <input type="checkbox"/> noon <input type="checkbox"/> pm
Amount: _____ Cups <input type="checkbox"/> morning <input type="checkbox"/> evening	<input type="checkbox"/> am <input type="checkbox"/> noon <input type="checkbox"/> pm
Has your pet been fed today? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> am <input type="checkbox"/> noon <input type="checkbox"/> pm

List and Describe Personal Belongings

1)	3)
2)	4)

Grooming Preferences

Would you like your pet(s) bathed while boarding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Basic Bath: bath and brush out	small \$25.00	large \$35.00
<input type="checkbox"/> All Inclusive: bath, nail trim, anal glands, brush out, ear cleaning	small \$48.00	large \$58.00

Sedation (if needed) \$50-\$85:
 Yes No

BOARDING POLICIES AND REQUIREMENTS

- All animals must have current immunizations. Unless proof of such is available, necessary vaccinations will be given at the owner's expense.
- All animals must be free of fleas and external parasites or they will be treated at owner's expense.
- Family Animal Hospital of Friendswood has my permission to do whatever is necessary should an emergency arise until I am reached.
- If a tranquilizer is necessary for treatment or handling, Family Animal Hospital of Friendswood has my permission to administer such medication.
- Animals will be admitted and released only during regular office hours.
- Personal items may be left at your own risk. We are not responsible for loss or damage.

HURRICANE POLICY

We recommend that in the event of an evacuation you make necessary arrangements to take your pet with you. If your pet is boarding and a hurricane storm approaches we will make every effort to contact you and you will have the option to pick up the pet or release him/her to a family member.

In the event of a hurricane disaster, I understand that Family Animal Hospital of Friendswood, PLLC does not require personnel to stay on the premises. I understand that my pet may be left alone for an extended period of time if the staff is unable to reach the facility. I will not hold this hospital responsible for the death or injury of my pet resulting from a hurricane, evacuation or disaster.

RELEASE/CONSENT SIGNATURE

I, THE UNDERSIGNED DO HERBY CERTIFY THAT I am the owner, or assuming responsibility, financial or otherwise, for the animal being presented to Family Animal Hospital of Friendswood, PLLC for the treatment and care should it be needed while boarding my pet. I hereby consent and authorize Family Animal Hospital of Friendswood to receive, prescribe, or treat, as indicated, this animal. It is thoroughly understood that I assume all the risks.

Technician/receptionist that went over form _____ Is representative droppin off over 18? _____

Client Signature: {CLIENTSIGNATURE}

Date: 5/21/2019