

200 W. State Highway 114 Southlake, TX 76092 (817) 481-2014

## **Boarding Release Form**

Client ID: Client Name: Address:	Patient ID: Name: Species: Sex:
Telephone:	Color: Markings: Birth Date:
Boarding Drop off Date:	Pick Up Date:
Feeding Instructions (how much/often):	
Medication Instructions:	
Personal Belongings:	
Special Instructions/Additional Comments:	
Emergency Contact Name:	Phone
<ul> <li>If vaccinations are not complete or cur</li> <li>All pets will be examined for fleas and expense.</li> <li>Due to SECURITY issues we are unable</li> <li>In the event of an emergency or illness</li> </ul>	P, and Leukemia vaccinations.  Ottle with proper labeling for legal dispensing purposes.  rent, the pet will be vaccinated at the owner's expense.  ticks. If found, the pet will be treated at the owner's  e to receive or release animals while our office is closed.  s, every effort will be made to contact the owner at the  to contact you or treatment must be initiated immediately, all
Client Signature:	Date: