



University Animal Hospital Boarding Release

Pet Owner/Agent _____ Date _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell/Other: _____ Email: _____

Pet Name: _____ Breed: _____

I, owner/agent of the above mentioned pet(s), hereby request that UNIVERSITY ANIMAL HOSPITAL provide all feeding and exercising and I do hereby give my consent to treat, prescribe for, or operate upon my pet(s) while they are being boarded at this facility. Should an injury or illness occur to my pet(s) that requires veterinary care in my absence, I hereby authorize the caretaker to act as my agent in procuring any additional veterinary medical care. I agree to pay the fees for such professional veterinary services as soon as I return and, in the absence of gross negligence, will not hold the caretaker liable for injuries or illness suffered by my pet(s) or any veterinary fees incurred on my behalf.

I have read the forgoing and agree: _____

(Owner Agent Signature)

The address or phone number(s) where an agent, relative of mine, or I may be reached are:

Name	Relationship	Phone
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My Pet is being treated with prescribed medication: YES or NO

If YES, Describe the Condition: _____

Veterinarian: _____ Name of Medication or Dosage: _____

Number of times per day we are to administer medication: _____

Have you supplied Medication for the duration of your pets stay? YES or NO

Have you administered medication today? YES or NO (please describe _____)

I understand that there is an additional charge for medicating my pet(s) during their stay.

SIGNATURE OF OWNER/AGENT: _____

