

Please print, fill out completely and bring to the hospital at the time of your appointment.

UNIVERSITY ANIMAL HOSPITAL BOARDING RELEASE

Pet Owner/ Agent: _____ Date: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell/Other: _____

Pet name: _____ Species/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 during my absence, I hereby authorize the caretaker to act as my agent in procuring any additional essential 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 illnesses 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 and phone number(s) where an agent, relative or mine or I may be reached are:

NAME	RELATIONSHIP	PHONE
------	--------------	-------

My pet is being treated with prescribed medication: YES or NO.

If YES, Describe Condition: _____

Veterinarian: _____ Name of Medication and dosage: _____

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

Have you supplied your pets medication for the duration of your pet's stay? YES or NO

Have you administered medication today? YES or NO Describe: _____

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

SIGNATURE OF OWNER/AGENT: _____