



The Vet Clinic, Inc.

Dr. Sara Cotter, DVM

203 N. College St.
Mtn. Home, AR 72653
(870)425-0035

Boarding Release Form

Client Name:

Address:

Phone Number:

Patient Name:

Species:

Breed:

Sex:

Color:

Weight:

List most recent Vaccinations and test dates:

If pet is boarding over 5 days it will receive a complimentary bath.

Pet(s) on Heartworm Preventative?

Brand of Preventive:

Flea Medication?

Would you Like your Pet(s) to be bathed while boarding?

Are any medications necessary while boarding?

Name(s) of Medication, dosage(s) and Instructions:

REQUIEMENTS FOR BOARDING

1. All animals must be current on all vaccinations, given by a licensed DVM.
2. _____ has my permission to do whatever is necessary should any illness arise.
3. If sedation is necessary for treatment or handling, _____ has my permission to administer medication. Client is responsible for payment.
4. Pets may be dropped off or picked up during regular hours only.
5. Pets must be free of external parasites (fleas/ticks) or they will be treated at *owner's expense*.
6. Poop test performed.

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

Signature of Owner: _____

Date: _____