

**Best Friends Animal Hospital, LLC.**  
2118 Coteau Road

Houma, LA 70364  
(985) 876-7722

**Boarding Release Form**

Client ID: \_\_\_\_\_ Patient ID: N/A  
Client Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Species: \_\_\_\_\_  
\_\_\_\_\_ Breed: \_\_\_\_\_  
\_\_\_\_\_ Sex: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Color: \_\_\_\_\_  
\_\_\_\_\_ Markings: \_\_\_\_\_  
Date of Arrival \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Date of Pickup \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Vaccinations done elsewhere: \_\_\_\_\_ No \_\_\_\_\_ Yes  
If YES, Name of clinic where vaccinations were administered: \_\_\_\_\_

**We MUST have CURRENT vaccination records on file**

Required Canine Vaccinations:

Rabies  
Distemper/Parvo/Corona  
Bordetella  
Canine Influenza

Required Feline Vaccinations:

Rabies  
Feline FVRCP  
Leukemia

Dog(s) on heartworm preventative? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which Brand? \_\_\_\_\_ Last Given: \_\_\_\_\_  
What kind? \_\_\_\_\_ monthly \_\_\_\_\_ daily \_\_\_\_\_ Proheart

Flea preventative? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which Brand? \_\_\_\_\_  
Last Given: \_\_\_\_\_

Will your pet(s) jump a 5 ft fence? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Additional fees will be charged for the following services:**

Nail Trim/Grind \_\_\_\_\_ Yes (initial)  (Tech: Initial and date when completed)  
TLC Package \_\_\_\_\_ Yes (initial)  
How Often: \_\_\_\_\_ (15 minutes extra play time) **\$10/each time**

Play times are handled by a technician and may include belly rubs, playing fetch, cuddle time and/or just quiet petting

**\*\*\*GROOMING SERVICES ARE AVAILABLE BY APPOINTMENT ONLY\*\*\***  
please check with the receptionist to see if there is availability

**While Boarding, please have the veterinarian check:**

Are any medicines necessary while boarding? \_\_\_\_\_ No \_\_\_\_\_ Yes-- List Below

Medication Name	How often to administer?	Was it given today? What Time?

**Items being left with pet(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations or they will be vaccinated at the owners' expense. \_\_\_\_\_ **(initial)**
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense. \_\_\_\_\_ **(initial)**
3. Best Friends Animal Hospital, LLC. has my permission to do whatever is necessary should an emergency arise. \_\_\_\_\_ **(initial)**
4. If a tranquilizer is necessary for treatment or handling, Best Friends Animal Hospital, LLC. has my permission to administer such medication. \_\_\_\_\_ **(initial)**
5. Pets are released only during regular office hours. If the pet(s) is not picked up within 10 days of the above date of pickup, then Best Friends Animal Hospital, LLC will assume the animal is abandoned and is authorized to dispose of the pet(s) as may be deemed necessary. \_\_\_\_\_ **(initial)**

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

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Best Friends Animal Hospital Employee Witness: \_\_\_\_\_