

Best Friends Animal Hospital, LLC.

2118 Coteau Road

Houma, LA 70364

(985) 876-7722

Boarding Release Form

Client ID: **NEW** Patient ID: **NEW**
Client Name: _____ Name: _____
Address: _____ Species: _____
_____, LA Breed: _____
Telephone: () _____ - _____ Sex: _____
Color: _____
Markings: _____
Date of Arrival _____
Date of Pickup _____ Birth Date: _____

Emergency Contact: _____ Phone # _____

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Vaccinations done elsewhere: _____ No _____ Yes

If YES, Name of clinic where vaccinations were administered: _____

We MUST have CURRENT vaccination records on file

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

Additional fees will be charged for the following services:

Nail Trim _____ Yes (initial) Nail Grind _____ Yes (initial)
Anal Gland Express _____ Yes (initial) Tech Bath _____ Yes (initial)

Feeding Instructions:

- How much do you feed your pet(s): _____
- How often do you feed your pet(s): _____

While boarding, please have the veterinarian check: _____

Any medication(s) necessary while boarding? No _____ Yes _____

If yes, was it given today? _____

Items being left with pet(s):

If we cannot reach you, does Best Friends Animal Hospital have permission to do what is necessary should a medical emergency arise, as determined by the veterinarian? No _____ Yes _____

Signature: _____ Date: _____