

Best Friends Animal Hospital
2118 Coteau Road
Houma, La 70364
985-876-7722

Boarding Release Form

Owner: _____ Pet(s): _____

Date In: _____ Date Out: _____

WHAT'S NEEDED::

Dog: PE/DHLP/PARVO/BORD/RABIES/FECAL/CIV

Cat: PE/FVRCP/FELV/RABIES/DEWORM

Surgery: DENTAL/SPAY/NEUTER/OTHER: _____

BOARDING IN::

RUN () BOARDING TOGETHER ()
KENNEL () BOARDING TOGETHER ()
SUITE () BOARDING TOGETHER ()

PLEASE READ AND FILL OUT

Were vaccines done elsewhere? Yes ___ No ___ If so, what clinic: _____

Extras to be done (Bath pickup is after 3 pm)

- Bath ()
- Nail Trim ()
- Nail Trim with Dremel ()

Will your pet jump a 6 ft fence? Yes ___ No ___

Does your pet:

Have own food? Yes ___ No ___

How do you feed and how often: _____

Medication? Yes ___ No ___

How much and how often: _____

Bed/Blankets/Toys: _____

I understand and agree that if my pet is due vaccinations they will be given, at my expense, during my pet's stay. I also understand that all pets must be parasite free while boarding. If my pet(s) show signs of any parasites (worms, flea, ear mites, etc.) they will be treated at my expense. INITIAL ()

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 vet? I understand that I will be responsible for all medical cost arising from illness or emergency. YES () NO ()

Signature: _____ Date: _____

Emergency Number: _____