








Kentuckiana Animal Clinic BOARDING RELEASE FORM

ARRIVAL DATE _____

DEPARTURE DATE _____

Client Name _____
Address _____
City _____
State and Zip _____
Phone _____
Emergency Contact & Phone _____

Pet Name _____
Species _____
Breed _____
Sex _____
Color _____
Age _____
-

-  All animals over the age of 4 months must be current on Rabies Vaccinations.
-  I understand that KAC takes every precaution to provide a safe and healthy environment for pets in their care. Should an injury or illness occur while my pet is boarded, KAC will make every effort to reach me prior to its treatment.
-  I understand that it is vital that the veterinarians and/or staff at Kentuckiana Animal Clinic are able to reach me if there are any questions or concerns regarding my pet. KAC is not open 24-hours and there will be a period of time overnight in which no staff will be on the premises.
-  If my pet requires special or prescription food, it will be my responsibility to provide such food during my pet's stay. If I do not bring it and the hospital has to supply it, I understand that I will be charged accordingly.
-  All animals not currently on a flea preventative or found to have fleas and/or ticks will be treated with Frontline or a veterinary approved flea control and charged accordingly.
-  KAC will not be responsible for any items left that are lost or damaged.
-  I agree that I release KAC from responsibility or liability in the event of injury to or onset of illness in my pet while in their care.

Items you are leaving: (blankets, collar/leash, toys, medications) _____

DATE																		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
EXERCISE																		
EATING																		
BM																		

SIGNATURE _____ DATE _____