

Circle L Animal Hospital

845 South Highway 89
Chino Valley, AZ 86323
928-636-4421

BOARDING RELEASE

Date:	_____	Pick Up Date:	_____
Owner:	_____	Age:	_____
Client Number:	_____	Sex:	_____
Name of Pet:	_____	Weight:	_____
Species:	_____	Color:	_____
Breed:	_____	Markings:	_____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Circle L Animal Hospital to treat, prescribe for, or operate upon the above named animal while he/her is being boarded at the Circle L Animal Hospital.

The staff is to use all reasonable precautions against illness, injury or escape of said animal, but they will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, or safe keeping as it is thoroughly understood that I assume all risks.

Should the circumstance arise that said animal remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice, the above listed animal will be considered abandoned and may be disposed of, or destroyed, as you deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

It is also understood that the staff cannot be held responsible for any lost or damaged items, such as a blanket, toys, food dishes, etc. It is also understood that the hospital is only staffed during normal business hours.

Please answer the following questions concerning your pet's present health:

1. Date and type of vaccinations: _____
2. Has your pet shown any recent signs of:
[] Diarrhea? [] Vomiting [] Sneezing [] Coughing
3. Are there any health problems, concerns or any unusual symptoms that we should be aware of while boarding your pet? _____
4. List of medications your pet is currently taking and how often: _____
5. Procedures you would like performed while your pet is boarding _____

I have read the foregoing and agree:

Signature of Owner/Representative of Owner

Date

Address

Emergency Phone Number to Reach Me