



Boarding Release Form

We are pleased that you have entrusted Tritt Animal Hospital with the care of your pets. Please fill out the information below to ensure everything is in order for your stay.

PET Name _____ **LAST Name** _____

Breed _____ **Color** _____ **AGE** _____

Check in date _____ **Check out date** _____

***Bath Y/N** If yes, what date? _____. *Baths are done between 10am and 11:30 am. Be aware that we do not blow dry, just towel dry, so your pet will be damp if picking up before 4pm

Please be aware that we reserve the right to bathe and/or capstar your pet if we feel it's necessary at drop off or from boarding with us. (i.e. fleas, urine, stool, etc.). The charge for the bath/capstar will be applied to your bill.

Feeding

Instructions: Wet/Dry?HowMuch?HowOften? _____

Have we had all our meals today? Y N

MEDICATIONS and DOSING _____

Did you bring medication(s) Y/ N **Has your pet had these medication(s) today** Y N

TREATMENTS DURING while boarding _____

Vaccinations: All pets must be current on their vaccinations to stay at our facility. *If you use a veterinary hospital other than ours, vaccination history needs to be supplied to us at drop off*
DOGS: Rabies, DH(L)PP, and a yearly Bordetella **CATS:** Rabies and FVRCP

****Personal items brought** _____

Please be aware that clean towels will be provided to all pets boarding with us! If you desire to bring personal items, Tritt Animal Hospital is not responsible for damaged or lost items. Please mark each item with your last name and pet's name.

Emergency Contact Name and Number _____

Secondary/Local Contact Name and Number _____

In case of an emergency illness or injury, I, the undersigned, do hereby give my consent for the doctors of Tritt Animal Hospital to treat, prescribe for, or operate upon my pet(s) while he/she are boarded at Tritt Animal Hospital.
We will make every effort to contact your first for authorization, but will proceed for the health and safety of your pet if needed.

Signature of Owner/Representative of Owner

Date

****If I am unable to pick up my pet(s), _____ is authorized to do so. In this case please pre-pay at drop off or leave a credit number with our front office staff.**