

Woodmoor Veterinary Hospital
17950 Veterinary View
Monument, CO 80132
(719) 488-2500

Boarding Release Form

Client ID:		Patient ID:	
Client Name:		Name:	
Address:		Species:	
		Sex:	
Telephone:		Color:	
Emergency Contact:		Markings:	
Phone:		Birth Date:	

Woodmoor Veterinary Hospital understands that sometimes a situation will occur not permitting you to pick up your pet at the designated time. We are happy to accommodate situations such as this and you understand that an attempt to contact Woodmoor Veterinary Hospital before the anticipated discharge date is crucial so we may accommodate accordingly. It is also understood additional boarding time will accrue additional charges.

Woodmoor Veterinary Hospital will use all reasonable precautions against injury, escape or death of my pet and will not be held liable in connection therewith. It is understood that I assume all risks.

My Regular Veterinarian (If not Woodmoor Veterinary Hospital) is: _____

REQUIREMENTS FOR BOARDING

- All animals must be current on all vaccinations.
- **All prescription medications MUST be in their original bottle with clear instructions. Bottles cannot be damaged or unreadable.**
- All animals must be free of external parasites or they will be treated at owner's expense.

Woodmoor Veterinary Hospital has my permission to perform medical treatment prior to contacting me should an emergency arise. I understand this treatment will be performed at my expense.

Woodmoor Veterinary Hospital has my permission to perform medical treatment of any kind at doctor's discretion prior to contacting me. I understand that this treatment will be performed at my expense.

Woodmoor Veterinary Hospital DOES NOT have my permission to perform medical treatment of any kind without my verbal approval.

If a tranquilizer is necessary for treatment or handling, Woodmoor Veterinary Hospital has my permission to administer such medication.

Would you like us to add a probiotic to your pet's food once daily to help with stress diarrhea for \$1.00/day?

YES **NO**

In the event of an emergency Woodmoor Veterinary Hospital has my permission to perform

CPR (Cardio Pulmonary Resuscitation)

DNR (DO NOT Resuscitate)

I certify that I am the owner (or authorized agent for the owner) of the animal described above, and I hereby give Woodmoor Veterinary Hospital full and complete authority to board and care for my companion. I have read the boarding requirements and understand the hospital's policies.

Client Signature: _____

Date: _____

My pet _____ will be staying at Woodmoor Pet Lodge from _____ until _____.

Medications:

_____ arrived with no medications

_____ is on the following medications

Medication Name	Medication Dose (# of tablets/capsules)	Given How Often?

All medications MUST be in the original dispensing container with a legible original label.

Toys, blankets, and other personal items:

_____ arrived with no toys, blankets, or other personal items

_____ has the following toys, blankets, and/or other personal items. (Please list specifically/descriptively- example say a medium size white blanket with red and pink hearts, not just a white blanket)

Feeding/Treats:

_____ has their own food and may only eat the food I have provided

_____ may eat the food provided by Woodmoor Veterinary Hospital

_____ may not have any treats while boarding

_____ may only have the treats I have provided while boarding. He/She may have up to _____ treats per day.

_____ may have treats provided by the pet lodge. He/She may have up to _____ treats per day.