

# Branson Veterinary Hospital

Jeffrey P. O'Dell, DVM, Henry R. Ewert, DVM  
Dilraj S. Baath, DVM, & Mike J. Opsomer, DVM  
29 N Wintergreen Rd  
Branson, MO 65616  
417-337-9777



## Boarding Release Form

Client Name:  
Dates boarding:

Pet's Name(s):

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### Emergency Contact Info:

Owner's Cell:

Secondary Owner's Cell:

Emergency Contact person (if above #s can't be reached)

Name:

Phone Number:

\_\_\_\_\_(Initial) I give the above person or persons permission to make medical decisions for my pet(s) should I be unable to be reached at the given numbers.

### Vaccines

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, DA2PP, and *Bordetella* vaccines, and cats have current rabies and FVRCP vaccines. Please bring records if your pet's vaccines have not been completed at our facility.

If any of your pets' vaccinations are past due, they must be inoculated before boarding. For best protection, vaccines should be given at least 2 weeks prior to boarding.

Vaccines that must be administered at this facility or by a licensed veterinarian working with this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

### Current on Vaccinations:

Canine:

Distemper/Parvo/Corona  Yes  No

Rabies  Yes  No

Bordetella  Yes  No

Feline:

FVRCP  Yes  No

Rabies  Yes  No

### Medications

If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number.

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There is no fee for administering medications at our facility. However, medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

**Is your pet on medication at this time?**  Yes  No

If yes, list medications and explain dosages here:

**What is your pet's current feeding schedule?** If your pet is on a prescription diet, please bring that diet with them or advise our staff so that they may supply him/her with the appropriate food (at client cost).

Free Feed (leave food out at all times)  once a day, amount \_\_\_\_\_  twice a day, amount \_\_\_\_\_

Other, \_\_\_\_\_

Dry, amount \_\_\_\_\_  Canned, amount \_\_\_\_\_

## Other Services

**After Hours Pick up**  Yes  No

(If yes what is pick up date?) \_\_\_\_\_

\* There is a \$5.50 after hours pick up fee and payment at time of drop off is required. The Kennel staff is not equipped to handle payment and will not take payment at time of pick up. If you are picking your pet up after hours, you must fill out a subsequent form and the time/date must be scheduled prior to drop off. Please see reception staff for more information.

**We do not do after hours drop off appointments for boarding.**

**Nail Trim**  Yes  No

\*There is a \$10.40 charge for nail trims

**Does your pet need an exam while here?**  Yes  No

If yes, what are we seeing your pet for? \_\_\_\_\_

You may fill out the Client Check-In form in addition to this form if your pet will be seen while boarding. If your pet needs to have an exam done while boarding, please allow for additional check-in time for the technician to discuss your pet's history.

**Any additional services requested?**

**Will your pet be coming with any personal items?** (Food, bowls, blankets, pillows, toys, etc)

Please list personal items below and be sure to mark all items clearly with pet's first and last name.

## Medical Directive

**If any problem is observed or develops:**

This could include lack of appetite, change in stools, or more emergent issues that may arise while your pet is under our care.

Please treat my pet as required, you need not call me.

Perform only emergency and supportive care. Notify me for permission to begin any other treatment. If I am unable to be reached within 24 hours proceed as doctor recommends.

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Do not perform any diagnostic and/or treatment until I am notified and consent for you to evaluate and treat as recommend.

Please list any additional care instructions here:

## REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites or they will be treated at owner's expense. This includes fleas, tapeworms, ticks, or lice.
3. Personal items may be left at your own risk. We are not responsible for loss or damage. Please bring all personal items in to the hospital labeled obviously with pet or client information.
4. Pets may be picked up before 5 PM Monday through Friday, and before noon on Saturday. If you miss your pick up time or date your pet will be kept with regular charges accumulated until pick up. There is no additional fee for extending boarding reservations. Saturday and Sunday after hours pick-ups must be arranged ahead of time. No exceptions.

I have read the boarding requirements and understand the hospital's policies.

I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_