

**{CLINICNAME}**  
**{CLINICADDRESS1} {CLINICADDRESS2}**  
**{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}**  
**{CLINICPHONE}**

**Boarding Release Form**  
**{CURRENTDATE[SHORT]}**

Client ID:	{ID}	Patient ID:	{PATIENTID}
Client Name:	{FULLNAME}	Name:	{NAME}
Address:	{ADDRESS1} {ADDRESS2}	Species:	{SPECIES} - {BREED}
	{CITY}, {STATE} {POSTALCODE}	Sex:	{SEX}
Telephone:	{PHONENUMBER}	Color:	{COLOR}
	{PHONEDESCRIPTION}		
Dates		Markings:	{MARKINGS}
Boarding:		Birth Date:	{BIRTHDATE[SHORT]}

**Emergency Contact Information:**

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

Name:	Phone #
Name:	Phone #

\_\_\_\_(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 of current vaccines BEFORE arrival. All boarding dogs must have a current **Rabies, DA2PP,** and **Kennel Cough-Bordetella** vaccines administered by a licensed veterinarian on record. Cats must have up to date **Rabies** and **FVRCP** vaccines administered by a licensed veterinarian. If these vaccinations were administered at another facility, records must be provided prior to boarding check in. We can receive documents by fax (417-337-9773) or email (bransonvet.records@gmail.com). We are happy to contact any veterinary office on your behalf to arrange transfer of your pets' records. Please provide us with the office information at least (3) business days before your boarding appointment, if you would like us to contact them for you.

\*If any of your pets' required vaccinations are PAST DUE, they must be inoculated before boarding. For best protection, vaccines should be administered a minimum of 2 weeks prior to exposure to other animals. A recently vaccinated pet may experience a lowered immune system, potentially making him/her susceptible to contagious illness. Vaccines that must be administered at this facility will be added to your balance due.

Pets that are found to be too young or immune compromised by a licensed veterinarian to receive an entire series of vaccinations risk inadequate protection. This risk is accepted by the owners of said pet.

\_\_\_\_(Initial) I understand the risks of unvaccinated and/or recently vaccinated pets and take full responsibility should any associated conditions or issues arise.

**Medications**

**Is{NAME} on medication that we will need to administer while they are here? (Check One)**  Yes  No

If yes, list medications and explain dosages here:

<b>Medications:</b>	
<b>Name of Medication</b>	<b>Approx TIME(S) to be given and FREQUENCY to be given (SID/BID)</b>
1.	
2.	
3.	
4.	
5.	

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.

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

**Feeding:**

**What is your pet's current feeding schedule?**

If your pet is on a prescription diet, please bring that diet with them. If prescription food is filled during your pet's stay, you will be responsible for the additional charge.

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_ Own or Kennel Food: \_\_\_\_\_ Treats? \_\_\_\_\_

**Additional Services:**

**After Hours Pick up? (Check One)**  Yes  No

\* There is an \$8.00 after hours pick up fee and payment at time of drop off is required. The front office is closed after hours, therefore no payments will be accepted outside of business hours. If you are picking your pet up after hours, you must schedule this ahead of time and fill out a subsequent form with the time/date scheduled prior to drop off (After Hours Form).

Bring your after hours receipt when you come to pick up your animal. For the safety of your pet, pick up may be denied if this portion is not offered at arrival. Please see kennel staff for more information on check in.

**We do not offer after hour check ins for boarding.**

**Nail Trim? (Check One)**  Yes  No

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

**Does your pet need an exam while here? (Check One)**  Yes  No

Please provide information about what your pet will be seen for, below:

## Medical Directive

### If any problem is observed or develops (Check One):

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

### REQUIREMENTS FOR BOARDING

- All animals must be current on all vaccinations.
- All animals must be free of external parasites or they will be treated at owner's expense. This includes fleas, tapeworms, ticks, or lice.
- 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.
- **Boarding check in time is Monday-Friday 2pm-5pm, Saturday 8am-12pm. Check out times are Monday-Friday 7:30am-12pm, Saturday 8am-12pm. We do allow check ins and check outs outside of these times, however an additional service charge will apply and you will need to schedule this ahead of time.**

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.

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

Client Signature:

{CLIENTSIGNATURE}

Date:

\_\_\_\_\_

\_\_\_\_\_

Tell Me About {NAME}:

There are no right or wrong answers to the following questions. Please understand that we would never turn your pet away due to an honest answer. We only ask these questions so we may equip, not only our staff, but your pet with the tools to have the best stay possible. Even if the event in question occurred only once, it is still helpful to know ahead of time.

Please check all that apply and provide details if applicable.

{NAME} has bitten a dog/cat (outside of playtime) and or has shown intent to injure another animal.

Details:

{NAME} has bitten or attempted to cause injury to a human. (Please let us know if he/she is prone to dislike things such as.. children, men/women, people in hats/sunglasses, has shown protective behaviors.. etc.)

Details:

{NAME} has been known as an "escape artist". (Escapes fences, kennels, collars, etc)

Details:

He/She can open doors on his/her own.

Details:

{NAME} digs holes- for fun, to escape a fenced area, or other reasons.

Details:

{NAME} can open doors/latches on his/her own. (Or has been trained to do similar tasks.)

Details:

{NAME} has shown food aggression and/or toy/treat hoarding behaviors. (Towards other animals or humans).

Details:

He/She has a history of chewing, ripping, or consuming blankets and/or toys.

Details:

{NAME} has shown (or you have been told that) {NAME} has shown signs of kennel aggression.

Details:

Any other history or behaviors you feel we should be aware of?

Details: