

ANIMAL HOUSE VETERINARY CLINIC
416 Dover Road
Clarksville, TN 37042
(931) 645-7757
BOARDING POLICY / RELEASE FORM

Client Name

Patient(s) Name

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of the hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the hospital.

They are to use all responsible precautions against illness, injury, or escape of my pet(s) but they will not be held liable or responsible in any manner whatsoever, under any circumstance, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet(s) remain 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. Ten (10) days after such written notice the pet(s) will be considered abandoned and may be disposed or, or destroyed, as the hospital deems best, It is further understood that such action will not relieve me from paying all costs of the services, including the cost of the boarding service.

My pet has been fully vaccinated within the last 12 months. If I cannot show proof of such vaccinations, then I give permission for the hospital to administer vaccination required for the boarding of my pet(s).

Canine Requirements for Boarding:

- Current DA2LPP vaccination
- Current Rabies vaccination
- Current Bordetella vaccination (Required once a year)
- Negative Heartworm test (required if your pet(s) is over 6 months of age or NOT current on Heartworm prevention)
- Negative Fecal Test (Required every 6 months)

Feline Requirements for Boarding:

- Current Feline Distemper vaccination
- Current Feline Leukemia vaccination
- Current Rabies vaccination
- Negative FeLV/FIV (Feline Leukemia & Feline AIDS Test)
- Negative Fecal Test (Required every 6 months)

We are closed from Noon on Saturday through 8 am Monday morning. We DO NOT allow pet pick-ups during this time. _____

*****We do reserve the right to treat your pet(s) for external or internal parasites (i.e. Fleas, Ticks, & Intestinal worms) if noted during their stay.** _____ (Initial)

Telephone number where the owner can be reached: _____

Begin boarding date: _____ End Boarding date: _____

Signature of Owner: _____ Date: _____