Danville Veterinary Hospital
812 Camino Ramon Road
Danville, CA 94526
(925) 837-4264

BOARDING RELEASE FORM

Date:_____

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Weight:_____

Vaccinations: **Due Date:**
DHLPP ANNUAL VACCINE
BORDETELLA VACCINE
RABIES 3 YR VACCINE
LYME ANNUAL VACCINE
HEARTWORM TEST (DOG)
OVA & PARASITES (T805)
HEALTH CARE PLAN RENEWAL

I hereby assume all responsibility and costs incurred to my pet while I am out of town or if an emergency occurs.

AUTHORIZATION FOR TREATMENT (Please check one)

1. Anything deemed necessary by the veterinarian_____
2. Anything deemed necessary by the veterinarian, not to exceed $_____amount___
3. Owner to be called with estimate for procedures recommended by veterinarian prior to any treatment_____ Quoted:_____

Continuous presence of qualified personnel may not be provided.

CHECK OUT TIME IS NOON

_____ _____ _____
Date Signature of Owner/Agent of Owner Emergency phone

Estimated pick-up day:_____ Time: _____AM _____PM

Rx:_____
Diet: G M L S Sp_____
SID BID LEAVE OUT
DRY WET MIX
Walk at $5 per day_____

Special Instructions: