



BERCLAIR
Animal  Care

Boarding Release Authorization

Owner Name _____ Pet's Name _____

Home # _____ Work/Cell# _____

Dates to Board:

From: _____ To: _____

Bath only (YES) (NO) DATE _____ Bath and Groom (YES) (NO) DATE _____

Procedures to be done while boarding:

- 1 _____
- 2 _____
- 3 _____

Please give annual vaccinations, check fecal and heartworms. (YES) (NO)

PROOF OF VACCINATION REQUIRED BEFORE BOARDING (need one of the following):

1. The animal hospital's phone number that did the vaccinations.

OR

PHONE NUMBER _____

2. Receipt or medical records from the vaccinating veterinarian.

I understand that all dogs' and cats' vaccinations must be current before boarding. If vaccinations are not current, we will administer the required vaccinations. You will be charged for vaccinations and a fecal smear to protect your pet, the other animals boarding, and our staff.

Signature of owner _____ Date _____

Diet: _____

Feedings/Day: 1X _____ 2X _____ Free Feed _____

Items Brought: _____

Meds: _____

Emergency and Illness Release Authorization

If my pet is sick and or has an emergency illness and I cannot be reached at the above phone numbers and or email, I hereby give my permission to treat as medically needed.

Signature of owner _____ Date _____