**Boarding Release Form**

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctor(s) of Killearn Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded. I acknowledge that in the event of my pet(s) illness the Doctor may not be able to contact me immediately, and is therefore authorized to initiate treatment until I can be reached.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible under any circumstances on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks. I hold Killearn Animal Hospital harmless for conditions that are often unavoidable in boarding environments such as, but not limited to, weight loss, diarrhea, fleas, and kennel cough.

All of my pet(s) boarded at Killearn Animal Hospital will be current on all vaccines. *If not administered here, documentation must be presented to verify current status.* They will be free of fleas upon admission. If not, pet(s) will be treated as needed. This will include incoming flea treatments and/or bathing. I understand that I will be responsible for all reasonable fees incurred.

I have read the foregoing and agree.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Owner/Representative of Owner**

**Please Note:** Our Boarding forms will now be used for an entire year starting on the day you sign this document. Please include any and all information that will be helpful for us in taking care of your pet(s). If there is a change of phone number, authorized person(s), or any of the like, please let us know as soon as possible.

**\*\*\*Required Additional Information\*\*\***

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Emergency phone # where I can be reached Additional phone #

In the event that I cannot pick up my pet(s) on the designated day, I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to bring them home on my behalf. I assume all responsibility for the charges incurred during the boarding stay.

**My signature on this Boarding Release will be held on file for one year, beginning \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_.**