Meadow Hills Veterinary Center, P.S.
8802 W Gage Blvd
Kennewick, WA 99336

Boarding Release Form

(revised 6/13/2011)

Client ID:_____
Client Name: _____
Address: _____
_____
_____
Telephone: _____

Patient ID: _____
Pet Name: _____
Species: _____
Breed:_____
Sex:_____
Color:_____

Markings:

Birth Date:_____

Vaccine Status:

Health Problems of Pet:

Medications (please include name of medication and times to be given along with current dosage).

Emergency Contact Information

Please provide telephone number where you can be reached or provide us with the name of a person who can make decisions regarding your pet in your absence.

Name _____ Phone # _____

Additional Services (Please Initial)

Nail Trim ____ $19.50 Cleansing Bath ____ $15.00 Medication Fee ____ $5.00/ day Diabetic Fee ____ $28.00/ day
Free Bath Over 7 day Stay- Short coated Breeds Only YES____ NO____

Tender Loving Care Package Cost $8.00 each _____ # of Times
The package includes a combination of the following for 15 minutes

Brushing	Extra attention
Extra hand walking or play time	Treats

Stuffed Kong _____$4.00 each **Treat & Play Package**_____$16.00 package
This includes 2 TLC's and 1 Kong

I hereby authorize Meadow Hills Veterinary Center, P.S (MHVC) to board my dog/cat for the period of time noted above. MHVC agrees to provide a clean kennel or run for my pet and regular feeding as requested. Dogs will be excersized daily. If emergency veterinary care should become necessary for my pet, I authorized MHVC to provide the veterinary care required and agree to reimburse MHVC for all charges so incurred at the time my pet is discharged.

_____ _____
NAME DATE

In consideration of Meadow Hills Veterinary Center, P.S. accepting my pet for boarding, I do hereby release, discharge and waive claims, demands, and /or actions against Meadow Hills Veterinary Center, P.S., its agents, employees, officers, and insurers from arising or relating to injury, illness or death that may occur during the period of boarding.

_____
INITIALS