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Boarding Release Form

Owner's Name _____ Pet Name(s) _____

Boarding Dates: From _____ To _____

In case of an emergency, please contact:

Name _____ Phone _____

Text message number for updates on your pet's stay with us (optional) _____

We will be feeding a Hill's Science Diet™ Maintenance dry pet food unless you provide your own food. **If providing your own food**, please indicate: Brand(s) _____

Wet (amount fed) _____ Dry (amount fed) _____

Is your pet currently on medications? Please indicate **dosages** and **when they need to be given next**

Please list any personal items you brought for your pet today (food, treats, toys, blankets, etc.)

Please indicate the procedures you would like Companion Veterinary Hospital to perform for your pet(s) while boarding. All items below are at additional cost. We will provide an estimate upon request.

- Examination
- Vaccines _____
- Fecal Parasite Test
- Bath
- Nail Trim
- Dental Cleaning (with doctor's approval)
- Other _____

Companion Veterinary Hospital is dedicated to providing a flea free environment. **If fleas are found on your pet we will administer flea treatment** for a fee of \$20-30 (depending on patient weight).

I understand that for the protection of my pet, current vaccines are required as a condition of boarding. (Cat: FVRCP, RABIES Dog: DHLPPC, RABIES and BORDETELLA)

Although CVH provides the safest boarding environment possible, medical emergencies or unforeseen problems can arise. If your pet develops a problem, we will attempt to contact you immediately. If we cannot reach you we ask permission to provide essential care including, if necessary, transfer of your pet to an emergency hospital. Your signature below authorizes us to do so.

Owner's signature _____ Date _____

