

**Timberview Animal Hospital**  
**Boarding Release Form**

Client ID:  
Client Name:

Patient ID:  
Patient Name:

**\*\* IMPORTANT INFORMATION -- PLEASE READ THOROUGHLY \*\***

All pets must be current on their annual Physical Exam and the following vaccinations: Distemper, Parvovirus, Leptospirosis, Rabies, Canine Influenza, Bordetella, and Fecal analysis. If your pet has been vaccinated at another hospital or clinic, written verification is needed. If no verification is given or we call your veterinarian and find that vaccinations are not current, a physical exam and the necessary vaccinations will be given. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery. Please understand that this is for the safety of your pet and our other boarders. You will be financially responsible for the cost of the physical exam and vaccines. **Initial**\_\_\_\_\_

Your pet will not be seen by a veterinarian unless you request it or a technician notices a problem and brings it to the attention of the veterinarian. Sometimes it is not possible to leave a problem untreated until you return. These conditions will be treated as conservatively as possible and we will make every attempt to contact you. Examples of this are urinary difficulties, diarrhea, vomiting, not eating, not defecating, and coughing. **Initial**\_\_\_\_\_

The clinic is to use all reasonable precaution against injury, escape, or death of all pets. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above. I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding. **Initial**\_\_\_\_\_

I hereby certify that I have read and fully understand this authorization for boarding my pet at Timberview Animal Hospital. I assume financial responsibility for all charges incurred to the above pet and agree to pay all such charges at the completion of this visit. I further understand that in the event of an emergency or illness my pet will receive treatment at my cost, that there is no guarantee of successful treatment, and that the veterinarian will contact me as soon as possible.

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**Printed Name**\_\_\_\_\_

Name & Phone Number of Responsible Party to be reached in an Emergency:

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