

Animal Medical Center  
25848 McBean Pkwy  
Valencia, CA 91355  
661-255-5555

**Boarding Release Form**

**Client ID#:**

**Name:**

**Address:**

**Phone #:**

**Patient Name:**

**Breed:**

**Sex:**

**Color:**

**Age:**

**Please initial:** Large cages are \$25 and runs are \$30 per pet, per day. \_\_\_\_\_  
There is a \$5 per day charge for animals needing medications administered. \_\_\_\_\_

Food and bedding is provided. Should you bring your own food, please give description below.

Own food?  Yes  No Type: \_\_\_\_\_ Feeding  (1)  (2)  (3) times per day  
Amount per feeding: \_\_\_\_\_ OR Free Feed?  Yes  No

Medication(s): \_\_\_\_\_

Special Needs: \_\_\_\_\_

Do you want your pet groomed before going home?  Yes  No

If yes, please specify:  Bath Only  Bath and Cut  Bath and Shave

Special Requests: \_\_\_\_\_

**IS YOUR PET CURRENT ON ALL VACCINES?**  Yes  No

Dogs: DHLPP, Corona, and Bordetella within the last year

Cats: FVRCP and Leukemia within the last year

Rabies: Within the last year for puppies and kittens and within the last three years for adults.

**Please read and sign below:**

I understand my pet's vaccines will be administered at my expense if my pet is not current on vaccines or if proof of vaccines are unattainable. I will notify Animal Medical center if I will need to board my pet for longer than what was specified in this agreement. I understand that failure to pick my pet up within 10 days of the agreed pick up date will mandate my pet as abandoned. The hospital, nor the staff of the hospital shall be held responsible should your pet get away from an employee while out on a walk. I understand that Animal Medical Center will attempt to reach me if an emergency should arise. I hereby give authorization to treat my animal accordingly should I not be able to be reached. I agree to the above boarding policy and assume financial responsibility for all boarding charges, vaccinations, medications, and treatment should it become necessary.

**EMERGENCY CONTACT:** NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
DATE