

Westmoreland & Slaphey Animal Hospital
Scott Westmoreland, D.V.M.
Stuart Slaphey, D.V.M., M.Sc

Boarding Release

Today's Date _____

Owner's Name _____ Pet's Name _____

Phone Number you may be reached while away _____

Emergency Contact and Phone Number _____

Drop off Date _____ Pick up Date _____

Please list any medications or special diet required by your pet(s) _____

If on medication, when was the last dose given? _____ When did your pet last eat? _____

There will be an additional charge of \$ 4.00 per injection for insulin patients.

Feeding Instructions (How often and how much) _____

Please list any food, toys, blankets, etc that you are leaving _____

Will your pet need a bath before going home? (A bath is complementary with a five night stay) _____

Are there any additional services your pet may need prior to going home? (Dental, Vaccinations, Nail Trim, Micro chipping are available at an additional charge) _____

We require all pets entering the hospital to be current on the following vaccinations.

Dogs: Rabies and Bordetella

Cats: Rabies and Bordetella

If these vaccinations have been administered elsewhere, please provide appropriate documentation from the facility or a name and phone number for verification.

I hereby authorize Westmoreland & Slaphey Animal Hospital to examine, prescribe or treat the above described pet(s) If deemed necessary. I understand that that my pet(s) must be current on the above listed vaccinations, and that if records can not be produced providing proof of vaccinations elsewhere, that all required vaccinations will be administered by Westmoreland & Slaphey Animal Hospital at my expense. I also agree to assume full responsibility for all charges incurred in the care of my pet(s). My signature below guarantees the legality of this form for a period of at least two years from the date signed. I reserve the right to rescind my signature at any time with proper notice. I also understand that it is my responsibility to update information contained in this form whenever necessary during the two year period.

Signature _____ Date _____