Puppy Boarding Release Form

Client Name: Clients Last Name: Address: Clients Home Phone:		Patient Name: Species: Sex:		
		Weight:		
Arrival Date:		Depart Date:		1
Feeding Instru	uctions			
Medications:	l clions			
	Ciana Animalii	lospital and its agents to prov	:	and a suite and
significant ris Some of thes If me Anim I aut eme I und and If ab	sk while boarding where risks include, but a edication or sedation is all Hospital to administ the horize Siena Animal Horgency, but not to exceller stand that if my pet and other arrangements and oned, I am still res	lospital to do whatever is ned	chedule has not yet Diarrhea, Infectious handling, I give my per cessary in the instance mys after the expected my pet(s) will be conducted the date of abandor	been completed. Disease, and ermission to Siena ee of illness or d date of pick up, sidered abandoned ment.
Are w	vaccinations current?	g charges when I pick up my If not, I authorize Siena Anim e following procedures do Anal Gland Expression (\$18.90	nal Hospital to vaccin	
Tech Bath	(includes Nail trim, Anal gla	ands, and Ear Clean) <20 lbs (\$39) 21-50lbs (\$45) 50-80 l	bs (\$51) >80lbs (\$56)
Emergency	contact:	Phor	ne:	
	e a picture of my pet taken to me during stay?	Yes No		
	ness or injury during b	ena Animal Hospital or any of poarding. I have read/underst		
Signature of	Pet Owner or Person	Responsible	Today's Date	
By initialing, I	understand that the ite	ems I bring for my pet could	be lost, soiled or des	troyed.
Items:				
				C.S.R
				Owner