

Chesapeake Veterinary Hospital, Inc.
102 Country Day Road
Chester, MD 21619
410 643-3101

Boarding Release Form

Client ID: _____
Client Name: _____
Address: _____

Telephone: _____

Patient ID: _____
Name: _____
Species: _____
Breed: _____
Sex: _____
Color: _____
Markings: _____
Birthday: _____

Arrival date _____ Departure date _____
Emergency Contact number _____
Are any medicines necessary while boarding? Yes No

Give names of any medications and the dosage to be given: _____

Feeding Instructions: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations. Distemper/Parvo, Bordetella, Canine Influenza, Rabies.
2. All animals must be free of external parasites (ie. Ticks, fleas, etc.) Or they will be treated at owner's expense.
3. Chesapeake Veterinary Hospital, Inc. has my permission to treat my animal should the attending Doctor deem treatment necessary for the health of the animal. I agree to pay any and all fees associated with the treatment.
4. If a tranquilizer is necessary for treatment or handling. Chesapeake Veterinary Hospital, Inc. has my permission to administer such medication.
5. Pets may be picked up Monday 8am-noon/ 1pm-6pm; Tuesday 8am-11am/230pm-6pm; Wednesday thru Friday 8am-noon/ 1pm-430pm; Saturday 8am-11am(prior arrangements must be made is you would like to pick up your pet at any other time not listed above)

Items brought by owner: _____

CHESAPEAKE VETERINARY HOSPITAL IS NOT RESPONSIBLE FOR LOST OR DAMAGED ITEMS

I have read the boarding requirements and understand the hospital's policies.

Signature: _____
Date: _____