

Batesburg-Leesville Animal Hospital
Boarding Release Form

Date _____
Pet Name/Owner Name: _____
Pickup Date/Approximate Time _____

Pet's Food and Feeding Instructions:

Please list toys, bedding, and other personal items (leashes, carriers, collars, medications, etc) **Use back of sheet if needed.**

PLEASE UNDERSTAND THAT WE WILL DO OUR BEST TO RETURN ALL PERSONAL ITEMS BUT WE CANNOT BE RESPONSIBLE FOR LOSS OR DAMAGE OF THESE ITEMS.

Please list any requests for procedures to be done while boarding (nail trims, surgery, vaccines, etc). **Use back of sheet if needed.**

Certain vaccines are required and pets must be free of parasites (fleas/ticks/worms) for the safety of your pet and others. We will vaccinate and treat for parasites, if needed, at your expense.

I, the undersigned owner or authorized agent, eighteen years of age or older, hereby consent and authorize Batesburg-Leesville Animal Hospital, its veterinarians, and agents, to receive, prescribe for, board, or operate on the animal identified above. I understand that there are risks associated with anesthesia, certain diagnostic tests, with surgery, and with some forms of medical treatment and I have been informed as to the nature of the procedures and the risks involved. I understand that unforeseen conditions may be revealed that require different procedures or operations than those set forth above and I authorize those changes and additional charges in the exercise of the veterinarian's professional judgment. I understand that results cannot be guaranteed. I agree to pay for all services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature: _____

Emergency Phone Number: _____