

ALL ABOUT PETS ANIMAL HOSPITAL
7826 St Andrews Church Road
Louisville, KY 40214
502-935-4799

Boarding Release Form

Owner's Name: _____

Pet's Name: _____

Dates of last vaccinations:

Bordetella _____ For Dogs: Distemper/Parvo _____ Influenza _____

Rabies _____ 1 year or 3 year For Cats: FVRCP _____

Does your pet have a history of vaccine reactions? _____yes _____no

Is your pet in good health? _____yes _____no

If no, please list any health/medical problems: _____

Would you like your pet(s) bathed while boarding? _____yes _____no

*Offered at no charge with 7 nights of boarding or more. Some restrictions apply.

Are any medicines necessary while boarding? _____yes _____no

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

Is your pet on a restricted diet? _____yes _____no

If yes, what diet is your pet on: _____

Is your pet allowed to have toys? _____yes _____no

Is your pet licensed through Jefferson County? _____yes _____no

Please give a phone number where you can be reached, or the name and phone number of someone to contact in case of emergency:

Name _____ Phone _____

Please give names of other persons with permission to pick up the pet: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. All About Pets Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, All About Pets Animal Hospital has my permission to administer such medication.
5. Pets may be picked up during office hours only.

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

Signature: _____

Date: _____