	Boarding Release		Hospital Use Only	
Owner:			Wt: Previous Patient: Y N Comb: Flea Ticks Lice None	
Contact Number:	Teatha wall and the second and the s	Friaum wolf	Supply the age these estimates to dropper of effect and in our	
Countryside Animal C	linic , Inc. is pleased to provid	e for your pet's boarding needs.	Boarding charges are \$14/day	
for dogs and \$12/day	for cats. There is a minimum	charge of \$14 or \$12 if your pet only, you will be charged for 2 da	is only staying for a single or	
Date & Time of Drope	off:	Date & Time of Pick-Up:		
Emergency number a	nd contact person:	Althor Street in June 19 to the Person of the		
We require proof of v	accination for Distemper/Par	vo, Rabies, and Bordatella (Kenne	el Cough) for dogs and	
Distemper, Feline Lei	ukemia, and Rabies for cats. It	f your animal has had its most re	cent vaccinations here, we	
have that information	on file, otherwise we will nee	ed proof at the time of drop-off of	or we will need to administer	
the required vaccinati	ons in order to make sure the	y are up to date. All pets are rec	quired to be free of external	
parasites (fleas, ticks,	lice, etc.). All pets will be che	cked for these parasites on admi	ittance and if necessary an	
anti-parasitic medicat	ion will be given immediately	. Additional expenses will be add	led to your bill.	
Pet Name:		Food: Please pro	ovide the following information	
Name of Food:		_ How much?	How often?	
* If you animal is on a s	pecial diet and it runs out, we w	ill provide that food and the charae	s will be added to your bill. If you do	
not bring your own food	for your pet, there will be an a	dditional charge of \$1/day added to	your boarding fee.	
List	Name of Medication	Dose & Frequency	Last Time Given	
Medications:	overed to place entraphics on	this country and the mind of the	Committee of the commit	
	esesso benut	in an Limit am autores for such	South the promptions of the patterns of the land	
			serias kraineri san	
* If your animal is on a i and the charges will be	medication that is continuous an added to your bill.	d you need a refill while the anima	l is here, we will refill the medication	
Circle additional servi	ces: Nail Trim \$9.75 A	nal Sac Expression \$10 Ear C	leaning- TBD Bath- TBD	
In case of illness, injur	v. or an emergency. I, the und	ersigned do hereby give my cons	sont for Countryside Animal	
Clinic, Inc.'s doctors ar	nd staff to treat my pet as me	dically necessary for the health a	nd comfort of my not Lunder	
stand every attempt w	vill be made to contact me. ho	wever, services will not be with	and if I am unreachable.	
will be financially resp	oonsible for all services render	ed.	ieid ii i aiii diireachable. T	
Countryside Animal Cl	inic will use all reasonable pre	cautions against illness, injury, o	rossono of municipal but will	
not be held liable in th	e case of injury, escape, or de	eath of my pet as it is understood	I that I assume all risks.	
f I neglect to pick up r	ny pet within three (3) days o	f the date I said I would (and do i	not contact the clinic), a	
written notice will be i	mailed to the address provide	d at check in. Seven days after s	uch written notice, the pet	
will be assumed aband	loned and Countryside Anima	I Clinic is hereby authorized to pl	ace/euthanize the pet as	
deemed appropriate.	I understand this does not rel	ease me from any incurred charg	ges.	
have read and agre	ee			
Signature		Date	Staff Initials	
No.			Staff Initials	

Pet Name:		Food: Please provide the following information		
Name of Food:	How much? How often?			
* If you animal is on a	special diet and it runs out, w	we will provide that food and the charg	ges will be added to your bill. If you do	
not bring your own foo	od for your pet, there will be	an additional charge of \$1/day added	to your boarding fee.	
List	Name of Medication	Dose & Frequency	Last Time Given	
Medications:				
* If your animal is on a		ous and you need a refill while the anin	nal is here, we will refill the medication	
Circle additional ser	vices: Nail Trim \$9.75	Anal Sac Expression \$10 Ear	r Cleaning- TBD Bath- TBD	
Clinic, Inc.'s doctors stand every attempt	and staff to treat my pet a	e undersigned do hereby give my co as medically necessary for the health ne, however, services will not be wit endered.	n and comfort of my pet. I under-	
		le precautions against illness, injury or death of my pet as it is understo		
written notice will b will be assumed aba	e mailed to the address pr ndoned and Countryside A e. I understand this does n	lays of the date I said I would (and do rovided at check in. Seven days afte Animal Clinic is hereby authorized to not release me from any incurred ch	er such written notice, the pet o place/euthanize the pet as	
I have read and ag	free			