

Winchester Animal Hospital Boarding Release Form



Owner: _____ Pet's Name: _____ Sex: _____
Phone: _____ Species: _____ Breed: _____

Emergency Numbers: _____

I understand, for the protection of my pet and in order to prevent the spread of infectious diseases, the Winchester Animal Hospital requires that boarding animals be current on all vaccinations and free of internal and external parasites.

I authorize the hospital staff to provide appropriate vaccinations and/or parasite control as necessary for my pet. I understand that any treatment required will be charged in addition to the boarding fees.

I hereby authorize the veterinarians and staff of the Winchester Animal Hospital to care for my pets while I am away. I understand all reasonable precautions are taken by the hospital and staff to prevent injury, escape or death. I accept the risks involved and authorize any emergency treatment that may be necessary while I am away. **I do not hold the hospital responsible for any lost or destroyed items that have been left for my pet's comfort.**

I am aware that the hospital has staffed hours Monday through Thursday 8am-6am, Friday 8am – 5pm, and Saturday 8am -2pm. The animals are monitored, cared for, and treated as needed on Sundays. The doctors make rounds as needed.

While my pet is in the hospital I would like the following procedures:

Physical/Vacc _____

Nail Trim Bathe (after four nights your pet is given a courtesy bath.) Please pick up after noon if your pet is getting a bath so they can dry.

Special Care Instructions/Medications:

Date: _____ Pet's Weight: _____ Owner's Signature: _____

*If you have made arrangements for someone else to pick up your pet(s) - you must pre-pay or leave us a credit card number. **We do not take second party checks.**

I authorize _____ to pick up my pet(s) from your hospital.

Owner's initials _____