

Bayshore Animal Hospital 615 College St. Jacksonville, NC 28540 910-939-5298

	Boarding Relea	se Form		
Client Name: Address:		Patient Name: Species: Breed:		
Phone Number:		Sex: Color: Weight:	•	•
Vaccinations Current?				
Rabies Yes No	Distemper ☐ Yes	□ No	Bordetella ☐ Ye	s 🗌 No
(Any past du	e vaccinations will be given upo	n arrival and ad	ded to your bill.)	
Dog(s) o	n Heartworm Preventive?	Yes No		
Can pet have	blankets/toys in kennel?	Yes No		
Can pet play/inte	ract with other boarders?	Yes 🗌 No		
Can pet play in fenced yard	without a leash for short periods of time?	Yes 🗌 No		
		Yes 🗌 No		
Name(s) of Medication, do	sage(s) and Instructions:			f
behaviors tha (ex. food/drug allergies,	n allergies, conditions, or at we should be aware of: vaccine reactions, anxiety, aggressive, fear-biter, etc.)			
List type of food	, amount, and frequency:			
Best phone number to conta	act in case of emercency: ()		~
	REQUIREMENTS FOR	BOARDING		
 All animals must be current Any animals with noted para Bayshore Animal Hospital had emergency arise. If sedation is necessary for medication. Pets may be dropped off/pic Monday through Friday, or betw 	usites (ex. ticks, fleas, intestinal) us my permission to do whatever reatment or handling, Bayshore when the during normal business	r is medically ne Animal Hospita hours (non-holic	ecessary for my pet shall has my permission to day) between 9:00 AM	o administer
I have read the boarding requ	irements and understand the	hospital's poli	cies.	
Signature of Owner:			Date:	