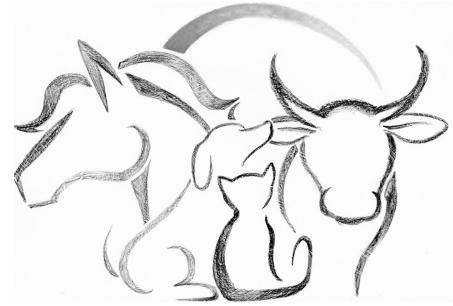


Spalding Animal Clinic

Boarding Release



Client:	Patient:	Sex:
Date:	DOB:	Species:
Phone:	Age:	Breed:

Any Address or Phone Changes?

- Yes _____
- No

Please write the days your pet is going to be boarded with us, and the expected pick up date/time:

Is your pet currently on any medication? If yes, please write the name and the dosage of the medication.

- Yes _____
- No
- When was this medication last given? _____

Do you have any specific instructions for us?

Did your pet eat prior to drop off? ___Yes ___No

Consent:

I hereby consent to the administration of treatment, anesthetics, and surgical procedures requested or as deemed necessary by the attending veterinarian. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. The veterinarian will use responsible precautions for the well-being of this animal but will not be held liable for conditions beyond his or her control. A health care plan for the amount of services will be provided upon request. A deposit may be required prior to services.

In the event of an emergency or if further diagnostics should be needed, we will make our best effort to reach you at the number provided at the top. However, should we be unable to reach you, please choose and initial one of the following:

- I **DO** authorize additional treatment without my consent
 - Up to \$ _____
 - Do whatever is needed
- I **DO NOT** authorize additional treatment of **ANY** kind without my consent.

I understand that, if I decline additional treatment, Spalding Animal Clinic cannot legally continue diagnostic or treatment other than already approved in person or by phone. If I do not select either option, Spalding Animal Clinic cannot legally continue with diagnostic(s) or treatment(s) of your pet.

Signature of owner or Authorized Agent

Date