

South Franklin Animal Hospital

137 Alpha Drive

Franklin, TN 37064

(615) 595-2337

Boarding Release Form

1/6/2010

Client ID:	544	Patient ID:	784
Client Name:	Guy & Garnette Hogan	Name:	Sasha
Address:	7135 Sunrise Cir. Franklin, TN 37067	Species:	Canine
Check in:		Breed:	Spaniel Mix
Check out:		Sex:	Spayed Female
		Color:	Black/White

Due dates for Vaccines:

Distemper Combo _____ Bordetella _____ Rabies _____

If boarding fewer than 3 (three) nights would you like your pet (s) bathed while boarding? ___yes ___no

Are any medicines necessary while boarding? ___yes ___no

Give names of any medications, dosage to be given, and frequency of administration:

- 1.
- 2.

REQUIREMENTS FOR BOARDING (Please Initial)

- ___ 1. All animals must be current on all vaccinations. Proof of vaccinations must be in written form.
- ___ 2. All animals must be free of external parasites (ex. Ticks, fleas, etc.) or they will be treated at owner's expense.
- ___ 3. Pet owner certifies that their pet appears to be free of contagious disease and has not bitten anyone within the past ten days
- ___ 4. If a tranquilizer is necessary for treatment or handling, SFAH and Dr. Sammons has the owners permission to administer such medication at the owners expense
- ___ 5. SFAH and Dr.s Sammons will institute emergency treatment if needed at the owners expense
- ___ 6. If your pet has DIARRHEA, SFAH will treat at the owners expense
- ___ 7. SFAH will notify owners if we feel non-emergency treatment is needed
- ___ 8. Items brought for pets are welcome. Owner assumes responsibility for loss or damaged items
- ___ 9. Pet owner agrees to make complete payment of this facility at the time of discharge, including all boarding treatment concerns, emergency treatment, or hospitalization. We do not except payments.

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

Signed: _____

Emergency Contact Phone Number: _____

