

Valencia Animal Clinic

**1533 E. River Rd.
Belen, NM 87002
Ph (505) 864-4075
Fax (505) 861-3650**

Feline Boarding Release Form

Boarding Release Form Client ID: _____
Client Name: _____
Client Address: _____
Client Phone: _____

Patient Name: _____
Species: _____
Breed: _____
Birthdate: _____
Sex: _____
Color: _____
Markings: _____

Vaccines next due on:
Rabies: _____
FVRCP Distemper Combo: _____
Fecal test (within 6 months): _____

Expected pick-up date _____

Emergency Contact Phone Number _____

Are there any medicines or special instructions while boarding? _____ yes _____ no

I understand there is a fee for Medication Administration at **\$2.00 per administration.** _____ yes

Give names of any medications and the dosage to be given:

Valencia Animal Clinic offers Kong Chew Toys at an **additional \$2.00 per day.**
_____ I DO _____ I DO NOT want my cat to have a Kong Chew Toy. How many days? _____

Valencia Animal Clinic offers home made Cat-Sicle for an **additional \$0.50 per Cat-Sicle.**
_____ I DO _____ I DO NOT want my cat to have a Cat-Sicle. How many days? _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Valencia Animal Clinic (VAC) has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, VAC has my permission to administer such medication.
5. Pets may be picked up between 8:30 AM and 4:45 PM Monday through Friday, *before* noon on Saturday, and between 4:00 PM and 5:00 PM on Sunday. **No exceptions.**
6. Rates are processed from the day they are checked in, until they are picked up. If you pick up your pet *after noon* during the week *it is considered an extra day.*

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

I would like a copy of the requirements for boarding. _____ Yes _____ No

Signed : _____.