

**Boarding Release Form
Ridgeview Veterinary Hospital**

Name: _____

Address: _____

Home Number: _____

Cell Number: _____

Pet Name: _____

Feeding schedule: Own food RVH food (Science Diet adult dry kibble)

AM _____

PM _____

Medication(s): (administered by kennel associates)

AM _____

PM _____

Belongings: All items must be marked (RVH is not responsible for any personal items)

1)

Ridgeview Veterinary Hospital will provide the utmost care for your pet while boarding with us.

Dogs will be exercised and cats will be checked three times daily. RVH feeds Hills Science Diet adult dry food exclusively unless you provide your pet with his or her own food. Please note medications/injections will be administered by kennel associates and not CVT or veterinarians.

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. For the safety of all pets boarding at our hospital, vaccinations, including Bordetella, must be current.

If your pet becomes ill while under our care, a veterinarian will examine and treat your pet as deemed necessary. If this is an emergency situation every effort will be made to contact you. Should injury or circumstance warrant the need for emergency service, I understand that Ridgeview Veterinary Hospital will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available for clearance.

Ridgeview Veterinary Hospital is released of all liabilities with your pet.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please try to limit yourself and your pet to ONE comfort item and have all food/medications clearly marked so that we may return any unused portions when you return.

Check out time is 2:00pm after 2:00pm an additional day of boarding charges will accrue.

SIGNATURE: _____

DATE: _____