

**Black Creek Animal Hospital
8835 US Highway 280 E
Black Creek, GA 31308
912-858-7387**

Boarding Release Form

Client ID :
Client Name :
Secondary:
Address :

City / State / Zip: '
Telephone :

Patient ID :
Name :
Species :
Breed :
Sex / Altered :
Color :
Weight :
Birth Date :

Doctor: Ryan B. Gregory, DVM

We require all of our boarders to be current on vaccinations. If your pet is not current on any of the vaccinations listed below, the vaccines will be administered and the cost added to your bill.

Dogs: RABIES___ DHLP-P-CV___ BORDETELLA___

Cats: RABIES___ FELINE LEUKEMIA/FVRCCP___

All pets infested with fleas will be given a capstar, \$7-7.50 charge

Date of Arrival:_____ Date of Pick Up:_____

Any additional procedure needed while your pet is visiting please list here:

Any medications needed to be administered while boarding please list below as well as how often given:

I authorize the Black Creek Animal Hospital to perform any procedures necessary to save the life of my pet(s) should any unforeseen circumstances arise. I understand that every effort to contact me will be made, but that such procedures may have to be performed before I am notified. I give full consent for such procedures. I also understand that I am responsible for the cost of any such life saving procedures.

I release the Black Creek Animal Hospital and any of its Veterinarians from any liability resulting from any emergency procedures deemed necessary to try to save the life of my pet.

Signature _____ Please Print Name _____ Date _____

List phone numbers for where you will be and/or any emergency contact numbers for family or friends should we need to contact you.

