



Wynn Haven Animal Hospital
351 Woodland Avenue
Mary Esther, FL 32569-3321
(850) 581-2213
clients@wynnhavenanimalhospital.com

BOARDING RELEASE FORM

Client ID:
Client Name:

Patient ID:
Name:

Address:

Species:

Telephone:

Sex:

Color:

Birth Date:

Weight:

Medical Alert:

Feeding: CLINIC food OWN food Free Feed **Amount:** _____ Once daily Twice daily

Are any medications necessary while boarding? Yes No

Please list **medication** names and dosages:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

If boarding multiple dogs, can they board together? Yes No

Additional Info _____

Can they be let outside together? Yes No

Can they eat together? Yes No

Is your pet **aggressive** towards **humans** or **other pets**? Humans Pets Both Neither

Please list & describe **ALL** belongings. We are not responsible for any items not listed.

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

REQUIREMENTS FOR BOARDING

- All animals must be current on all vaccinations.
- All animals must be free of external parasites or they will be treated at owner's expense.
- Wynn Haven Animal Hospital has my permission to do whatever is necessary should an emergency arise.
- If a **sedative** is necessary for treatment or handling, Wynn Haven Animal Hospital has my permission to administer such medication at my expense.
- **Pets may be picked up before noon or after 2 PM Monday through Friday, and before noon on Saturday. No exceptions.**

Emergency Contact: _____ Phone Number: _____

I authorize the Emergency Contact listed above to make decisions for my pet on my behalf if I am unable to be contacted via telephone.

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

Client Signature: _____ Date: _____