

RELEASE FORM

Client ID:		Patient ID:	
Client Name:		Patient Name:	
Address:		Species:	
		Breed:	
		SEX:	
Phone #:		BIRTHDATE:	
Emergency #:	EXT:	WEIGHT:	lbs
ARRIVAL DATE:		FACILITY ID:	
DEPART DATE:		BOARD OR HOSPITAL:	

SPECIAL DIET? :		DENTAL/SURGERY?:	
BATH/DIP? :		TOYS/BLANKET? :	
NOTE:			

Instructions:

All pets left for boarding must be current on all required vaccinations and free of fleas and ticks, or they will be treated on admission at the owner's expense.

If medications are necessary for treatment or handling, I give my permission to the ANIMAL HOSPITAL OF COLLIN COUNTY to administer such medications.

I authorize the ANIMAL HOSPITAL OF COLLIN COUNTY to do whatever is necessary in case of illness or an emergency situation.

Signature of Pet Owner or Person Responsible

Today's Date