<u>LINDERMAN ANIMAL HOSPITAL – BOARDING RELEASE FORM-2023</u>

Owner's name:	Pet name:
Emergency Contact/Phone	
Arrival Date:	Expected Departure Date:
Does your pet have medications	that need to be given? If so, please list them here in detail.
Did you bring any personal item	s (blankets, food, toys, etc.)? If so, please list them here:
Annual Vaccines Na Ear Cleaning Permanen	formed while your pet is boarding? nil Trim Express AG Bath t ID w/Microchip Other (explain) ease explain)
	up only during our normal office hours. We are open Monday of 5:30 p.m., Saturday from 8:00 a.m. to 12:00 noon, and Sunday and a.m.
 additionally, it is the polithave current DHP-PV (Divaccinations and that cated Panleukopenia) vaccinations if vaccines were given ellutionerman Animal Hosput if the hospital does not recommended. 	s and dogs to be current on Rabies vaccinations. Icy of Linderman Animal Hospital that all dogs boarding with us Distemper, Hepatitis, Parainfluenza, ParvoVirus) and Bordetella is have current FVRCP (Feline Viral Rhinotracheitis, Calicivirus, ions. Sewhere, it is my responsibility to provide evidence of this to bital before leaving my pet. Exercise records that show that my pet is current on these vaccines, the I will be responsible for paying for them.
test(s) on my pet while in their c that Linderman Animal Hospital above pet if said injury, illness, c animal will be treated for fleas o owner. I have read the foregoing and as owner of (or agent for the owner	rman Animal Hospital to perform any emergency procedure(s) or are if I or other authorized parties cannot be contacted. I understand will not be held responsible for injuries, illnesses, or loss of the or loss occurs while in the course of normal routine care and that my or other external parasites if found on arrival at the expense of the gree to all conditions mentioned above. I also state that I am the of) the above-named animal. I understand that full payment is due and that if I am a new client, I must make a 50% down payment
at the time of drop off.	
SIGNATURE	Date*: *This release is valid for one year
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