

Metropolitan Veterinary Hospital

401 South Fawcett Avenue

Tacoma, WA 98402

(253) 274-0225

BOARDING RELEASE FORM

Client ID: _____	Patient ID: _____
Client Name: _____	Name: _____
Address: _____	Birthdate: _____
Phone Number: _____	Sex: _____ Color: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. I authorize use of a tranquilizer for treatment or handling of my pet should it be necessary.
4. Metropolitan Veterinary Hospital has my permission to treat my pet should emergent care be indicated.
5. Pets may be picked up during regular business hours.

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

Signed : _____ Date: _____

Phone number where I may be reached: _____ Boarding Dates: _____ to _____

Emergency Contact:

Name/Number in the event I'm unreachable: _____

MVH Staff Member Signature: _____ Date: _____

INTAKE INFORMATION

Number of units requested: Single Double

Metropolitan Veterinary Hospital provides its boarders with Science Diet Adult Maintenance diet.

Okay to feed in-house diet. Please feed (amount daily) _____

Owner provided diet. Please specify brand(s): (dry) _____

(canned) _____

For dry food, please feed _____ cup _____ times daily

For canned food, please feed _____ can(s) _____ times daily # of cans provided: _____

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In order for us to become familiar with your cat while s/he stays with us, it is helpful for us to know if your cat has experienced any of the following issues within the past 3 months:

SNEEZING Yes/No (circle one)

LETHARGY Yes/No (circle one)

VOMITING Yes/No (circle one)

DIARRHEA Yes/No (circle one)

PROBLEMS URINATING Yes/No (circle one)

PROBLEMS DEFECATING Yes/No (circle one)

INAPPETANCE OR UNUSUAL FINICKINESS Yes/No (circle one)

HAVE THESE ISSUES BEEN ADDRESSED BY YOUR VETERINARIAN? Yes/No (circle one)

Are there any other health or behavior-related issues we should be made aware of? Yes/No (circle one)

If yes, please detail us:

Are medications necessary while boarding? Yes/No (circle one)

Names of medication(s):

Dosage to be given:

Owner provided medications? Yes/No (circle one)

