

2706 RICHMOND AVE
HOUSTON TX 77098



PHONE: 713-807-1234
FAX: 713-807-8804

GREENWAY
ANIMAL CLINIC

BOARDING RELEASE FORM

DATE _____

OWNER'S NAME _____

PET'S NAME _____

BOARDING INFORMATION:

DROP OFF DATE _____

PICK UP DATE _____

DIET: _____ AMOUNT: _____ TIMES/DAY: _____

BATHE (add 'l charges apply)? YES NO

MEDICATIONS (ADDITIONAL FEE OF \$3.00/DAY)

DOSAGE: _____ WHEN IS IT GIVEN? _____

HAS THERE BEEN ANY ILLNESS WITHIN THE PAST 30 DAYS? YES NO

ARE THERE ANY CONCERNS WE SHOULD WATCH FOR? YES NO

IF SO, WHAT? _____

- IF ANY FLEAS OR TICKS ARE PRESENT UPON ADMISSION, THE PATIENT WILL BE TREATED AT THE OWNERS EXPENSE.
- \$3/DAY WILL BE ADDED FOR SPECIAL DIETS/PRESCRIPTION DIETS NOT PROVIDED BY OWNER. YOUR PET WILL BE FED TOP QUALITY ROYAL CANIN OR SCIENCE DIET REGULAR DIETS UNLESS YOU SPECIFY OTHERWISE.
- PLEASE LIMIT THE NUMBER OF ITEMS BROUGHT TO STAY WITH YOUR PET. WE WILL NOT BE RESPONSIBLE FOR LOST ITEMS.
- GREENWAY ANIMAL CLINIC WILL USE ALL REASONABLE PRECAUTIONS AGAINST INJURY AND ESCAPE. THE CLINIC & STAFF WILL NOT BE HELD LIABLE FOR ANY PROBLEMS THAT DEVELOP PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. I UNDERSTAND ANY TREATED AS DEEMED BEST BY THE VETERINARIANS, AND I ASSUME FULL RESPONSIBILITY FOR THE EXPENSE.

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ PHONE: _____