

South Franklin Animal Hospital
137 Alpha Drive
Franklin, Tn 37064
615-595-2337
615-791-4885 {Fax}

Boarding Release Form

Client ID:
Client Name:
Address:

Telephone:
Check in:
Check out:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Dates of last vaccinations:

Distemper/Parvo/Corona _____ Bordetella _____

Rabies _____ 1 year or 3 year

Feline Distemper _____ Leukemia _____

If boarding fewer than three nights would you like your pet(s) bathed while boarding? _____yes _____no

Are any medicines necessary while boarding? _____ yes _____ no

Give names of any medications and the dosage to be given: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations. Prove of vaccinations must be in written form.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. South Franklin Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling South Franklin Animal Hospital has my permission to administer such medication.
5. Pets may be picked up between 7:00AM and 5:45 PM Monday through Friday, between 7:00 AM and 11:45AM Saturday, and between 4:00 PM and 5:00 PM Sunday.
6. Pet owner agrees to make complete payment to this facility at the time of discharge.
7. Pet owner certifies that their pet(s) appear(s) to be free of contagious disease and has not bitten anyone within the past ten days.

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

Signed : _____