Boarding Release Form

| I, | am leaving | for boa | rding at Oak | Forest Veter | inary Hospital. | |
|--|---|---|-------------------------------------|--|--|--|
| My pet will be boarding | | | | | | |
| | | | | | | |
| Does <animal> have any</animal> | behavioral problems the | nat we should be | aware of: | | | • |
| In order to maintain a co Capstar tablet at an add for 2 days. | | | | | | |
| Would you like your pet Baths are not available w | | | wash, ear cle | eaning, anal g | gland expression, | and nail trim) |
| | | Yes or | No | | | |
| I hereby authorize Oak that these images and/o | | | | | | |
| | | Yes or | No | | | |
| Is your pet on a special of | liet ? If so, what kind? | | | | | How much |
| and how many times per | day are you feeding yo | ur pet? | | | (Please be aware | e that if your |
| pet is on a special diet ar | nd you did not bring it w | vith your pet, you | | 1.00 | | |
| Please list any medication | ons, including the dose | and frequency th | at your pet he | seds to receiv | ve withe boarding | at OF VH. |
| VE | TER | INA | RY | 7 | | |
| If you choose to leave bedding, be misplaced or damaged. By signing below, you are author become ill. Sometimes boarding charges will be added to your boarding that the state of the stat | izing Oak Forest Veterinary Ho pets become stressed and do no | spital to perform any n t want to eat. If your p | ecessary medical et does not eat fo | care while your p | pet is boarding in the evel wet food to your pet's | ent he or she should normal diet. These |
| By Signing below, I hereby grant lawful purpose, including, but no permission to use my name and/or By signing this document I author above. I also waive any rights of outlined above. | ot limited to, their website, soc or my pet's name. Orize Oak Forest Veterinary Hos | ial media accounts, an spital to edit, alter, share | d promotional mare, remix, tweak, | aterials, either dig build upon or in | gital or in print, in per any way alter the photo | petuity. I also grant ograph(s) mentioned |
| Signature of Owner | | Date | | | | |
| Emergency Contact | | Phone I | Number | | | |

Your Contact Email