



Weiser Veterinary Clinic
815 W. Idaho St.,
Weiser, ID 83672
Ph: 208-549-0944 Fax: 208-549-2254
Boarding Release Form

Frank Coleman, DVM
Dennis Johnson, DVM
Jennie Walker, DVM
Tanya Percifield, DVM

Client Name: _____

1) Pet's Name: _____ Color: _____ <u>Dates of last vaccinations:</u> Distemper/Parvo/Corona _____ Bordetella _____ Rabies _____ 1 year or 3 year Feline Distemper _____ Leukemia _____	Breed: _____ Age: _____
2) Pet's Name: _____ Color: _____ <u>Dates of last vaccinations:</u> Distemper/Parvo/Corona _____ Bordetella _____ Rabies _____ 1 year or 3 year Feline Distemper _____ Leukemia _____	Breed: _____ Age: _____

Feeding Instructions:

Are any medicines necessary while boarding? _____ Yes _____ No
Give names of any medications and the dosage to be given: _____

Did you give any medications today? _____ Yes _____ No
If so, what and how much did you give? _____

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. Weiser Veterinary Clinic has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Weiser Veterinary Clinic has my permission to administer such medication.
5. **Pets may be picked up after 8:00 a.m. or before 5 :30 p.m. Monday through Saturday. No exceptions.**

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

Signed: _____ **Date:** _____

CONTACT NAME and PHONE # IN CASE OF EMERGENCY: _____