

Welcome to Madison Veterinary Hospital

BOARDING RELEASE & CHECKLIST

Owner's Name: _____ Pet's Name: _____

Boarding Dates: From _____ to _____

If you would like any of the following services to be performed during your pet's stay with us, please circle below. **STANDARD FEES** will apply, including appropriate examination fees when vaccines are administered.

VACCINATIONS DUE:

- | | |
|--|--|
| 1. <input type="checkbox"/> Canine Distemper/Parvovirus | 5. <input type="checkbox"/> Feline Distemper/Respiratory |
| 2. <input type="checkbox"/> Canine Bordetella [Kennel Cough] | 6. <input type="checkbox"/> Feline Leukemia |
| 3. <input type="checkbox"/> Canine Lyme | 7. <input type="checkbox"/> Feline FIP [Feline Infectious Peritonitis] |
| 4. <input type="checkbox"/> Canine Coronavirus | 8. <input type="checkbox"/> Canine or Feline Rabies |

PROFESSIONAL GROOMING [downstairs at Madison Feed & Grooming]

BATH Pets staying 3 nights or more receive a 50% discount on their bath

Fecal Examination Heartworm Test Nails FeLV/FIV Test

GERIATRIC HEALTH SCREEN [Blood Profile, CBC, U/A, Chest Xray +/- EKG,]

Dentistry [Requires General Anesthesia] Anal Gland Expression

Physical Examination...Reason? _____

Medication Instructions _____

Emergency Phone #: _____ Name of Contact: _____

I have been given, and have read, the Boarding Information Sheet and agree to the terms. I realize that while every effort is made to keep my pet healthy, that in the rare event that an emergency medical problem may arise, my signature hereunder specifically implies consent to treat this accordingly, unless noted below. **I realize that normal hospital fees will apply.**

Owner's [or Agent's] Signature Date

Exceptions: _____

PLEASE NOTE OUR USUAL DISCHARGE TIME IS AFTER 2PM.
IF IT IS NECESSARY TO ALTER YOUR PET'S LENGTH OF STAY WITH US,
PLEASE TELEPHONE TO INFORM US. THANK YOU.