BOARDING RELEASE FORM

Owner:	Own Food	Yes	No
Phone:	Food instruction	15.	
Boarder(s): Breed:	- Tood mstruction		
Sex:			
Age:			
Color:	Own toys	Yes	
Emergency Contact Information: Alternate Name:	No	105	
*The person(s) listed above have permission	Medications:		
to make emergent decisions in the event that			SID/BID/TID
I am unable to be contacted.			CID/DID/TID
Boarding Dates: From/To/			
Pet will not be charged a boarding fee if picked up before 10am on date of departure. Current Vaccination Record:			
1yr Rabies 3yr Rabies	DHLPPCV	Bord	Lepto
FELVFVRCP			
Special Requests:			
			
I certify that I own the above described animal and I do hereby consent and authorize Albin Animal Hospital, and its staff to board my pet, and to administer vaccinations, medications, test, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety, or well-being of the above animal while it is under their care and supervision.			
If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill or die while in hospital, I will hold Albin Animal Hospital, and staff free of any responsibility and/or liability in the absence of gross negligence.			
I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the above address, you may assume that the pet is abandoned and you are the authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.			
I further agree that in the case of non payment that any collection fees or attorney fees will be PLEASE NOTE THAT ALL ANIMALS THA ALL APPLICABLE VACCINES AND MUST	e paid by me. AT ENTER OUR K	ENNEL MUST	
Signature:		Date:	