

**Liberty Animal Hospital, P.C.**  
3810 River Run Dr  
Birmingham, AL 35243  
(205) 970-0411

**Boarding Release Form**

Date: \_\_\_\_\_

Client ID: _____	Patient ID: _____
Client Name: _____	Name: _____
Address: _____	Species: _____
_____	Breed: _____
_____	Sex: _____
Telephone: _____	Color: _____
_____	Markings: _____
_____	Birth Date: _____

BOARDING FROM \_\_\_\_\_ TO \_\_\_\_\_ REGULAR BOARD \_\_\_\_\_ CLUB VET \_\_\_\_\_

VACCINATIONS CURRENT AT L.A.H. or \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_  
EMERGENCY CONTACT PHONE #: \_\_\_\_\_

**PROCEDURES REQUESTED WHILE BOARDING:**

\_\_\_\_\_ DENTAL CLEANING (SEDATION FORM MUST BE SIGNED)  
\_\_\_\_\_ PHYSICAL EXAM \_\_\_\_\_ VACCINES  
\_\_\_\_\_ HEARTWORM TEST \_\_\_\_\_ FECAL EXAM / DEWORMING  
\_\_\_\_\_ NAIL TRIM \_\_\_\_\_ SOFT PAWS  
\_\_\_\_\_ SCHEDULED GROOMING APPOINTMENT  
\_\_\_\_\_ OTHER \_\_\_\_\_

Would you like your pet(s) bathed while boarding \_\_\_\_\_ yes \_\_\_\_\_ no  
Would you like your pet(s) teeth brushed (\$9.00 charge) \_\_\_\_\_ yes \_\_\_\_\_ no

If medications are necessary while boarding, please give names of any medications and the dosage to be given: \_\_\_\_\_

How many cups of food per feeding? \_\_\_\_\_ How many times is pet fed per day? \_\_\_\_\_

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations or they will be treated at the owners expense.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.). Capstar, a pill that kills all adult fleas on your pet in 30 minutes and lasts 24 hours is required the first night of boarding, at a charge of \$12.64. This pill is safe to give with any other flea preventative and is used to prevent flea infestation within our facilities.
3. Liberty Animal Hospital, P.C. has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Liberty Animal Hospital, P.C. has my permission to administer such medication.
5. **WE CANNOT BE HELD RESPONSIBLE FOR LOST PERSONAL ITEMS!**

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

Signed : \_\_\_\_\_ Date: \_\_\_\_\_