

Indian Hills Animal Hospital
2838 South Church Street
Murfreesboro, TN 27127
(615)217-9292

Boarding Release Form

Client Name:
Address:

Name:

Telephone: _____, TN
() - _____

Breed: _____ Other Small
Sex: _____
Color: _____
Birth Date: _____

Dates of last vaccinations:

*Distemper/Parvo/Corona _____ *Bordetella _____

*Rabies _____ Lyme _____

*Feline Distemper/Leukemia _____ *Bordetella _____

*FIV (Aids) _____ FIP (Corona) _____

Heartworm Preventative? ____ yes ____ no What kind? _____

Flea & Tick Control? ____ yes ____ no What kind? _____

Would you like your pet(s) bathed while boarding? ____ yes ____ no

Are you leaving any belongings with your pet? _____

Are any medicines necessary while boarding? ____ yes ____ no
Give names of any medications and the dosage to be given:

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 while boarding.
3. Indian Hill Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Indian Hills Animal Hospital has my permission to administer such medication.

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

Signed : _____