

WILLIAMSBURG ANIMAL CLINIC
1827 N. MASON
KATY, TEXAS 77449
281-347-0246

BOARDING RELEASE

CLIENT NAME: _____

PET NAME: _____ SPECIES: _____

BREED: _____ SEX: _____ WEIGHT: _____

EMERGENCY CONTACT NUMBER 1: (_____) _____ - _____

Optional CONTACT NUMBER 2: (_____) _____ - _____

DROP OFF DATE: ___/___/_____ PICK UP DATE: ___/___/_____

Circle One: **BATH:** YES or NO **NAIL TRIM:** YES or NO

VACCINATIONS NEEDED (circle all that apply):

K-9: bordetella rabies DHPPC parvo/corona

Feline: FVRCP rabies FeLV

SPECIAL INSTRUCTIONS/MEDICATIONS: _____

To protect the health of all pets at Williamsburg Animal Clinic current verifiable vaccinations are required. Parasite control is **REQUIRED FOR ALL PETS** and will be provided at the owners expense, if needed. If my pet requires medical attention during the stay in the hospital, I understand that medical and/or surgical procedure requiring treatment; sedation and/or anesthesia have some risk. I agree to assume these risks and expenses and hold harmless the Doctor of Williamsburg Animal Clinic and give authorization to perform necessary care.

signature of owner

___/___/_____
date