

Avalon Animal Clinic, P.C

8076 North Shadeland Ave. Indianapolis, IN 46250 (317)842-4618

Boarding Release Form

Client Name: _____
Pet's Name: _____
Arrival Date: _____
Departure Date: _____
Person to Pick up Pet (if not the
owner) _____
Emergency Contact Number: _____

Pet History

Is your pet current on vaccinations? _____
What type of food does your pet eat? _____
How many times a day does your pet eat? _____
Has she/he had a meal today? _____
Is your pet on any medications? What medications?

How frequently are the meds given? _____
What time do you usually give the meds? _____
Has your pet received any meds today? _____
Does your pet have special needs or
instructions? _____

Additional Services to be performed while your pet is here

- _____ Vaccinations
- _____ Heartworm test
- _____ Check stool
- _____ Express Anal Glands
- _____ Examine and treat ears
- _____ Nail Trim
- _____ Bath and brush out
- _____ Refill Medications _____

**Additional charges will be incurred for these additional services. Our receptionist will be glad to provide estimates for these procedures.

I authorize the doctors and staff at Avalon Animal Clinic, P.C., in the event of an emergency, to provide medical treatment for my pet while in their care. I understand that the staff will do their best to contact me and inform me if any additional medical services are required. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release of the patient.

Date: _____ Signature: _____