BELLE MEAD ANIMAL HOSPTIAL

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[www.bmvet.com](http://www.bmvet.com)

**MEDICAL / BOARDING RELEASE**

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop Off Date - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick Up Date - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM 🖵 PM 🖵

Pet on flea and tick preventative? Yes 🖵 No 🖵 If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet on heartworm preventative? Yes 🖵 No 🖵 If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***Additional Procedures:*** |
| ***Check-In Initials:***  |

|  |
| --- |
| FEEDING: Dry Can Dry/Can MixAmount to Feed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you bring your own food? Yes 🖵 No 🖵Did your pet eat today? Yes 🖵 No 🖵Times to Feed: AM Only PM Only AM/PM |

(For the receptionist) **Do we need to update vaccines? Yes 🖵 No 🖵**

***Please list any medication(s) that your pet is currently taking:***

|  |  |  |
| --- | --- | --- |
| Name of Medication(s) | When Do You Give The Medication(s) | When Last Given? |
| 1. | AM 🖵 PM 🖵 |  |
| 2. | AM 🖵 PM 🖵 |  |
| 3. | AM 🖵 PM 🖵 |  |
| 4. | AM 🖵 PM 🖵 |  |
| 5. | AM 🖵 PM 🖵 |  |
| 6. | AM 🖵 PM 🖵 |  |

1. If a tranquilizer is necessary for treatment or handling, Belle Mead Animal Hospital has my permission to administer such medication(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please Initial)*
2. Belle Mead Animal Hospital has my permission to take the necessary measure should an emergency arise up to $ \_\_\_\_\_\_\_\_\_\_.
3. **I understand that Belle Mead Animal Hospital is not a 24 hour facility and that my pet will be left unattended overnight. If anything occurs during this time Belle Mead Animal Hospital will not be held responsible. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please Initial)***
4. Does Belle Mead Animal Hospital have your permission to perform CPR if necessary? Yes \_\_\_\_\_\_ No\_\_\_\_

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***I HAVE READ THE BOARDING REQUIREMENTS AND UNDERSTAND***

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_