

**Ammon Veterinary Hospital**  
1290 S Ammon Rd  
Idaho Falls, ID 83406  
(208) 552-9825

**Boarding Release Form**  
1/7/2019

|                                    |                        |
|------------------------------------|------------------------|
| Client ID:                         | Name:                  |
| Client Name:                       | Species:               |
| Address:                           | Breed:                 |
|                                    | Sex:                   |
| Telephone:                         | Color:                 |
| Patient ID:                        | Birth Date:            |
| <u>Dates of last vaccinations:</u> |                        |
| Distemper/Parvo/Corona _____       | Bordetella _____       |
| Rabies _____                       | 1 year or 3 year _____ |
| Feline Distemper _____             | Leukemia _____         |

Are any medicines necessary while boarding (\$6.00 fee per day)? \_\_\_\_\_ yes \_\_\_\_\_ no  
Please list all medical conditions your pet has and give names of any medications and the dosage to be given:

\_\_\_\_\_

\_\_\_\_\_

Will you be leaving any bedding, toys, or other supplies? \_\_\_\_\_ yes \_\_\_\_\_ no  
Please describe any items that you will be leaving:

\_\_\_\_\_

\_\_\_\_\_

**Additional Services**

|  |   |
|--|---|
| _____ Nail Trim  | \$15.00                                     |
| _____ Express Anal Glands                              | \$24.80                                     |
| _____ Clean Ears                                       | \$17.30                                     |
| _____ Microchip  | \$50.00                                     |
| _____ Dental * <b>Anesthesia Consent form required</b> | Request Quote + 10% discount while boarding |
| _____ Individual Hand Walkings                         | \$6.00 per walk                             |

**POLICIES FOR BOARDING**

1. All animals must be current on all vaccinations. If not, Ammon Veterinary Hospital will perform a WELLNESS EXAM and administer all necessary vaccinations at your expense.
2. Ammon Veterinary Hospital is not responsible for personal items that are lost or damaged.
3. In a rare case of emergency while in boarding:  
\_\_\_\_\_ Do everything medically possible to treat.  
\_\_\_\_\_ Contact us prior to treatment. \_\_\_\_\_ EMERGENCY CONTACT  
*Name and contact number if unable to reach you.*  
\_\_\_\_\_ Perform no treatment.
4. I understand that the doctors, Ammon Veterinary Hospital, and staff will not be held responsible for injuries, illness, or loss of the above pet(s) if said injuries, illness, or loss occur while in the course of our normal routine care.
5. Pets may be picked up between 8:00am and 5:30pm Monday through Friday, and before 12:00pm on Saturday. Pets picked up after 1 pm Monday through Friday will be charged an additional day of boarding.
6. All services must be paid in full before or at the time of pick-up.

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

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_ I would like this form to be effective for 1 year from date of signature.  
\_\_\_\_\_ I would like this form to be effective only for the date of signature.