

**Mount Berry Animal Hospital
2965 Martha Berry Highway
Rome, GA 30165
(706)232-0364**

Boarding Release Form

Client Name:_____ **Pet Name:**_____

Address:_____ **Breed:**_____

City/State/Zip:_____ **Sex/Altered?**_____

Telephone:_____ **Color:**_____

Age:_____

Weight:_____

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of the hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the hospital.

They are to use all responsible precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner what so ever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address above. Seven days after such written notice the pet(s) will be considered abandoned and ownership will transfer to Mount Berry Animal Hospital. It is further understood that such action will not relieve me from paying all costs of the services, including the cost of the boarding service.

My pet has been fully vaccinated within the last 12 months. If I cannot show proof of such vaccinations, then I give permission for the hospital to administer vaccinations required for the boarding of my pet(s). In addition, if external parasites (fleas, ticks, ect.) are noted on my pets I give permission for treatment of my pet for parasites.

I have read and understand the authorization and consent.

Begin boarding date_____ End boarding date_____

Telephone number where the owner can be reached_____

Date_____ Signature of owner_____