

**ANIMAL CARE CENTER**  
1626 SHARP SPRINGS RD.  
WINCHESTER, TN 37398  
(931) 967-6345

**Boarding Release Form**

Date: \_\_\_\_\_

Owner Name: _____	Patient: _____	Age: _____
Address: _____	Species: _____	Sex: _____
_____	Breed: _____	
_____	Color: _____	
Phone: _____		

DATE OF DROP OFF: \_\_\_\_\_ DATE OF PICK UP: \_\_\_\_\_  
Person(s) to contact in case of emergency: \_\_\_\_\_  
Emergency Phone Numbers: \_\_\_\_\_

**MEDICATION:** If your pet requires medication while boarding, please fill out the following section with your pet's current medication and administration schedule so we can medicate accurately.  
Medication must be in accurately labeled bottles or pre-sorted in a weekly pill organizer.

MEDICATION	DIRECTIONS
_____	_____
_____	_____
_____	_____

**SPECIAL DIET/FEEDING:** We feed all boarding pets Science Diet Adult Maintenance. If your pet requires special food, please provide it in a sealed container, or we can sell you a bag of the appropriate Science Diet prescription food.

SPECIAL DIET: \_\_\_\_\_ FEEDING: Once daily [ ] Twice daily [ ]

**VACCINATIONS:** In order to board, your pet must be up to date on vaccinations. For dogs, this includes DHPP/DHLPP, Bordetella (kennel cough), and rabies. For cats, this includes FVRCP and rabies. If your pet is not up to date on vaccinations when dropped off, we will administer the necessary vaccinations. PLEASE NOTE: Vaccination does not guarantee immediate protection against infectious disease.

**OTHER SERVICES:** If you would like additional services while your pet is boarding, specify below:

Pedicure [ ] Bath [ ] Refill Prescriptions [ ] \_\_\_\_\_  
Other [ ] \_\_\_\_\_

**CONSENT TO TREATMENT:** One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. In the event that your pet becomes ill while in our care, this agreement allows us to treat life-threatening illness immediately, as well as to treat potential contagious illnesses for the benefit of all boarding patients.

Signature of owner or responsible person: \_\_\_\_\_ DATE: \_\_\_\_\_