PEARL RIVER VETERINARY HOSPITAL

PEARL RIVER, LA 70452 (985) 863-5404

Boarding Release Form 4/12/2021

Client ID: Client Name: Address:			Patient ID: Name: Species:	
ridui CSS.			Breed:	
			Sex:	
Telephone:			Color:	
			Markings:	
			Birth Date:	
Your pet will be	boarding with us from	to	•	
Please contact			if needed in case of emergen	icy.
pets home. P		number for someone	will be necessary for us to who will be able to pick u	
Dogs/cats 0-30	your pet(s) bathed while boa lbs-\$17.50 Dogs 31lbs-60-\$2 nes necessary while boarding?			no
Give names of an	ny medications and the dosage t	to be given:		
(ADDITIONAL	FEE OF \$2.28/DAY WILL AP	PLY FOR ORAL/TOPIC	CAL, \$5.65/DAY FOR INJECTION	ONS)
Feed	(amount) of	food	time(s) daily.	
	REQUIR	EMENTS FOR BOAR	DING	
 All animals m 2-25 pounds Cap Should any en necessary if own If a tranquiling permission to ad Pets may be 	ostar-\$8.06, Over 25 pounds-\$ mergency arise, PEARL RIVER ers or emergency zer is necessary for treatment or minister such medic	s (ex. ticks, fleas, etc.), or 9.63 R VETERINARY HOSPI contact(s) are not reachab r handling, PEARL RIVE ation.	they will be treated at owner's exTAL has my authority to do what le. R VETERINARY HOSPITAL h Friday, and before 2pm on the fi	t is
I have read the	boarding requirements and u	nderstand the hospital's	s policies.	
Signed:				
This pet has been	n thoroughly checked for fleas a	and ticks		