



South Arundel Veterinary Hospital
 85 W. Central Avenue
 Edgewater, MD 21037
 410-956-2932
 www.southarundelvet.com

Name: _____

Pet's Name: _____

Address: _____

Cat Dog Bird Rabbit Reptile Other

Pet's age: _____ Male Female

Can you be reached while away? YES NO

If yes which is best? Main # Cell # Text Message Email: _____ Other _____

Phone # _____

South Arundel Boarding Release Form

Check-in Date: _____

Check-out Date: _____

In case of an emergency contact name & phone number: _____

Date of last flea/tick preventative application: _____ Flea/Tick product used: _____

If we see any fleas on your pet while boarding, he or she will be treated at your expense.

Is your animal thunder phobic? _____ If yes, describe his/her reaction & how you usually handle it: _____

Medications Are you providing your own detailed medication sheet: Yes No

Medication Dosing	Instructions	How Administered?	Date & Time Last Given

Feeding Instructions Are you providing your pet's own food: Yes No

Does your pet have any food allergies/restrictions? Yes No If yes explain: _____

Name of Food	Quantity Fed	How Often?	Last Time Fed

OVER ↓

Belongings What other belongings are you dropping off with your pet? We recommend labeling all belongings.

Any Special Instructions or Notes:

Additional Exercise: Extra Walk: Yes No 15 minute playtime: Yes No

Other Services

Bath (Includes nail trim and ear cleaning. Pick up will be after 3pm on the last day of boarding.): Yes No

Express Anal Glands: Yes No

Request Examination By a Veterinarian (drop off exam form must be filled out): Yes No

I understand that my pet must maintain a once yearly exam at South Arundel Veterinary Hospital in order to board. Owner(s) must be present for this exam to discuss the pet's present health condition with the doctor. Pet must also have a fecal sample checked for parasites every 6 months.

Should injury or circumstances warrant the need for emergency services, I understand that the clinic will try to contact me or the individual indicated as the emergency contact before treatment, but must exercise the option to proceed if no one is available for clearance. I understand that I will be responsible for all charges incurred for such treatment for my pet.

Signature

Date

Staff Use Only

Staff Initials

CS Check-in	
Tech Check-in	
2 nd Tech Check	
Kennel Size	
Pets Weight	
All Services Requested Were Provided	