



CROSS TIMBERS ANIMAL MEDICAL CENTER

2601 Cross Timbers Road
Flower Mound, TX 75028-2717
Phone: (972) 874-VETS (8387)

John R. Harvey, DVM
Dena L. Hartley-Lock, DVM
www.CrossTimbersAMC.com

BOARDING RELEASE FORM

OWNERS NAME: _____ HOME PHONE: _____

PET'S NAME: _____ PETS AGE: _____ SEX: _____

PET'S SPECIES: _____ PETS BREED: _____ WEIGHT: _____ lbs

DATES BOARDING/SERVICES: _____

FEEDING INSTRUCTIONS (HOW MUCH, HOW OFTEN): _____
We feed Science Diet "Sensitive Stomach". If your pet is on a special diet, please let us know!

MEDICATION(S) [ADDITIONAL FEES APPLY] (HOW MUCH, HOW OFTEN): _____

If you didn't bring the special diet or medication, there will be an additional charge for the required items.

ARTICLES LEFT: _____
(Please note, we provide blankets, mats and towels for bedding.)

****KENNEL BATH***: Would you like your pet to have a bath before going home? Yes No (Pick up is after 4:00 pm on baths)

****HEALTH STATUS***: Are there any issues/concerns that you would like us to know about ? Yes No

If yes, please briefly describe: _____

Dr Exam? Yes No **Above items require an additional fee **

****VACCINATION STATUS CURRENT** Yes No: Vaccinations needed: _____ I realize all vaccines must be up to date in order to board for the protection of both my pet and other guests staying at the boarding facility. Any vaccines that are due may be given upon entry into the facility but do not guarantee "immunity" as vaccines take several days for full effectiveness.
*****If any unwanted "hitchhikers" AKA fleas are noticed there will be an additional charge for the administration of a medication.

SEDATION: It is uncommon and will only be done if absolutely necessary for your pet's comfort. If tranquilizers are necessary for your pet's comfort, may we give them? Yes No Initial: _____

EMERGENCY CONTACT INFORMATION: Please provide a telephone number where we can reach you or give us the name and number of a person who can make decisions regarding your pet in your absence.

NAME: _____ **PHONE NUMBER**: _____

DNR Release: Though we will ALWAYS do our best to ensure your pet leaves us better than <he> arrives. With our more senior pets, emergencies can occur. IF we cannot reach you, should we attempt CPR / resuscitation? Yes No Initial: _____

AUTHORIZATION: I hereby authorize Cross Timbers Animal Medical Center (CT-AMC) to board my pet for the period of time noted above. CT-AMC agrees to provide a clean kennel or run for your pet and regular feeding as requested. Dogs will be walked/exercised at least twice daily. If emergency veterinary care should become necessary for your pet, I understand CT-AMC will make reasonable efforts to contact the emergency contact name or me. If I cannot be contacted, I authorize CT-AMC to provide the veterinary care required and agree to reimburse CT-AMC for all charges so incurred at the time my pet is discharged. In consideration of CT-AMC accepting my pet for boarding, I do hereby release, discharge and waive claims, demands, and/or actions against CT-AMC, its agents, employees, officers and insurers arising from or relating to injury, illness or death that may occur during the period of boarding stated above.

If we cannot reach you and / or we have not heard from you for 7 days past your "Go Home" date, unfortunately we will have to assume your pet has been abandoned and will do our best to find <him> a new home or release him to Animal Services.

Signature of Pet Owner or Person Responsible

Date

CT-AMC Initials