



**THE ANIMAL CLINIC**

580 West Main Street  
Hendersonville, TN 37075  
615-824-0580

**Pet:** \_\_\_\_\_

**Client:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Vaccinations & Reminders: Bring updated records with you if done by other hospital**

**BOARDING RELEASE**

In the event my pet becomes ill while staying at The Animal Clinic, I authorize the attending veterinarian to administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.

I authorize up to (circle one or indicate amount)    \$200    \$300    Unlimited

- I agree to pay for all vaccinations that are deemed necessary for my pets stay.
- If a medical problem is discovered during my pets stay, I understand that care will be provided by The Animal Clinic and agree to pay for all necessary treatment.
- I agree to pay for flea treatment if fleas are found on my pet on admission or during my Pet's stay.
- I understand that boarding rates are charged by the night.
- I agree to pay in full for all services rendered at the time of discharge.
- I understand that there are no pick-ups outside the Normal Business hours.

My signature on this form will stay active for one year from date of this original form. I have viewed and accepted that the information on \_\_\_\_\_ is correct.

(Pet's Name)

Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_