

*Scotts Creek Animal Hospital*  
115 Scotts Creek Rd.  
Statesville, NC 28625  
(704) 495-3250

**Boarding Release Form**

Client ID:  
Client Name:  
Address:

Telephone:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

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

Pick-Up Date and Time: \_\_\_\_\_

Dates of last vaccinations:

Distemper/Parvo/Corona \_\_\_\_\_ Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_ 1 year or 3 year

Feline Distemper \_\_\_\_\_ Leukemia \_\_\_\_\_

Dog(s) on heartworm preventative? \_\_\_\_ yes \_\_\_\_ no

Are any medicines necessary while boarding? \_\_\_\_\_ yes \_\_\_\_\_ no

Give names of any medications and the dosage to be given:

\_\_\_\_\_

What articles did you bring for your pet's stay?

\_\_\_\_\_

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Scotts Creek Animal Hospital has my permission to do whatever is necessary should an emergency arise:  
\_\_\_\_\_ Please treat as required \_\_\_\_\_ Notify me for permission to begin non-emergency treatments
4. Pets need to be picked up before 5 PM Monday through Friday, and before noon on Saturday. **No exceptions.**

**\*\* Note: If we are unable to contact you, Scotts Creek Animal Hospital has the authority to proceed with any veterinary medical services deemed necessary for the safety of the pet at the owner's expense.**

**I have read the boarding requirements and understand the hospital's policies.**

Signed : \_\_\_\_\_