

AVALON ANIMAL CLINIC

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avalonanimal@gmail.com

Boarding Release Form

Client Name: _____

Pet's Name: _____

Arrival Date: _____ Departure Date: _____

Person to Pick Up Pet (If not the owner): _____

Emergency Contact Numbers: _____

Pet History

Is your pet current on vaccinations? _____

If not performed here, where were they updated? _____

What food does your pet eat? _____

How many times a day does your pet eat? _____ How much? _____

Has he/she had a meal today? _____

Is your pet on any medications? _____

What medications? (Not including flea / heartworm preventative) Please list.

_____ Directions & times given: _____

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Has your pet received medications today? _____

Does your pet have any special needs or instructions? _____

Additional services to be performed while your pet is here

_____ Vaccinations

_____ Heartworm Test

_____ Stool Sample

_____ Express Anal Glands

_____ Clean/Pluck ears

_____ Nail Trim

_____ Bath and Brush out

_____ Refill Medications _____

***Additional charges will be incurred for elective procedures. Our receptionist will be glad to provide estimates.

I authorize the doctors and staff of Avalon Animal Clinic, P.C., in the event of an emergency, to provide medical treatment for my pet while in their care. I understand that the staff will do their best to contact me and inform me of any additional medical services that are required. I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release of the patient.

Signature: _____ Date: _____