

Blue Sky Animal Clinic
2713 W Eisenhower Blvd
Loveland, CO 80537
Phone: 970-663-6046

Owner's Name: _____
Patient Name: _____
Date: _____

Boarding Release Form

Name of Regular Veterinarian/Clinic _____

Emergency Contact Name & Phone Number: _____

In case of emergency while boarding, I authorize Blue Sky Animal Clinic to treat the animal Listed above. I understand that I will be responsible for all charges incurred upon discharge of my pet.

In the unlikely event that your pet dies while in our custody, we will hold the body until your return.

Please mark the option you are most comfortable with below:

I wish the staff to perform CPR (resuscitation) on my pet if my pet stops breathing or his/her heart stops beating. I understand I am responsible for the costs of CPR and emergency care given after CPR.

I do not want CPR (resuscitation) performed on my pet. I understand that if my pet stops breathing and/or his/her stops beating that my pet will die unless CPR is performed. I elect to have DNR orders placed on my pet's record.

Vaccines Current? Yes No ** I acknowledge that if vaccines are not current, an exam will be performed and vaccines will be updated at the owners expense. _____ Owners Initials

I understand that the Bordetella vaccine should be administered a minimum of 7 (seven) days prior to boarding and understand that if this vaccine is administered the day of boarding, it will not be as effective . _____ owners initials

In the event that your pet should become ill or injured in the boarding facility, and we feel your pet requires medical attention, we will make every effort to contact you and keep you informed of cost. If we cannot reach you while you are away;

You are authorized to do \$_____ worth of medical attention: Client signature: _____

OR

You are authorized to do what you feel is necessary: Client signature: _____

Would you like us to text you update's on your pet(s) while they are staying with us? If yes, please provide us with your cell phone number: _____

May we have permission to take photographs of your pet while they are staying with us? Yes No

May we have permission to use those photos as our "Facebook Pet of the Day"? Yes No

(signature) (date)

Medication and Feeding

If your pet is on any over the counter medications, please list them below in the medication section. Please initial that you are granting us permission to administer these while your pet is in our care. _____

Pick-up Date & Time: _____

Feeding:

Ours (Royal Canin)

Own

Amount: _____

Frequency: _____

Medications:

Name: _____ Frequency: _____ Last time given: _____

Name: _____ Frequency: _____ Last time given: _____

Name: _____ Frequency: _____ Last time given: _____

Name: _____ Frequency: _____ Last time given: _____

Name: _____ Frequency: _____ Last time given: _____

Name: _____ Frequency: _____ Last time given: _____

Belongings:

Special Notes & Requests:
