

Miami Valley Animal Hospital Boarding Release 1550 E. David Rd. Kettering, OH 45429 937.434.8387

Office Hours: Monday-Saturday 9:	00am-12:00pm; 1	Monday-Thursday 2:00pm-7:00pm; Friday 2:00pm-6:00pm	
Client Name:		Drop Off Date:	
Pet Name:		Pick-up Date:	
Email address:		Contact Number:	
Emergency Contact:		Contact Number:	
Owner Provided Diet: YES		g Guidelines Hospital Provided Diet: YES NO	
How often do you feed your pet?	1x/day	•	
How much do you feed your pet? Cups of Dry Food p	oer Feeding	Can(s) of Moist Food per Feeding	
Special Diet or Feeding Instructio	ns:		
Has your pet been fed today?	YES NO	Does your pet need to be fed again? YES NO	
Is your pet on any medications?	YES NO	If yes, please fill out page 2	
before pets are boarded to ensure the vaccin (Dogs: DHLPP, Bordetella, Rabi 2. Pets with external parasites (fleas and tie 3. If a pet is too aggressive and unsafe for carrangements can be made for pet pick up. 4. If the pet is on a prescription diet and the 5. Dogs will be walked 3 times daily unless 6. If my pet becomes ill while at Miami Va Treat pet up to \$ Call before any to \$ Call before any to \$ Call before any to \$ Service A brief assessment and a series of screen with transmissible diseases into the kennel, he/she may not be admitted to the kennel, e	nes are fully effective ies, Influenza) cks) will be treated our staff to manage, diet is not provided so otherwise indicated lley Animal Hospital ess of cost. reatment. regery, long term treing questions will be If your pet is showing ven if you have a receit or prevent injury anat may cause injury anat may cause injury.	(Cats: FVRCP, Rabies) If for health reasons at the owner's expense, the pet may be isolated in our kennel for everyone's protections until by the owner, the diet will be provided at the owner's expense, d by the owner. al, I give permission to (please select one), attment or bloodwork, owner will be contacted prior, e asked at boarding check-in to prevent the introduction of patients ing signs of illness such as a fever, coughing, vomiting or diarrhea, eservation. and escape of pets. However, Miami Valley Animal Hospital is no	
release date or we are not notified within the notify Miami Valley Animal Hospital, Inc. responsible for all costs incurred during the extended stays or for new clients. In the every period of extension, Verbal assurance from discretion, delay disposition of the abandon	e same time period, of their decision of entire boarding timent of unanticipated the responsible partied animal. It will al	the pet(s) may be considered abandoned and the owner is authorized what to do with the pet. Upon abandonment, the owner continues to be period. A substantial deposit or full payment may be requested on extensions for boarding, payment must be brought current, through the ty, regarding payment, may, at Miami Valley Animal Hospital, Inc. so extend the financial responsibility of the responsible person(s) will resolve the "abandoned" status of the pet(s).	
Signature of Owner or Agent:		Date:	

Medications List						
Medication Name	Amount to give	Frequency	When last given	When next due		

Owner's Name:

Pet's Name: