

Employee Initials _____

Lakewood Forest Veterinary Hospital

11802 Louetta Road Houston, TX 77070
Phone (281) 376-1172 Fax (281) 251-4580
www.lakewoodforestvet.com

BOARDING RELEASE FORM

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctor of Lakewood Forest Veterinary Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Lakewood Forest Veterinary Hospital.

The staff of Lakewood Forest Veterinary Hospital are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks. I give permission also, to the staff, to take my animal to HWY 249 Animal Emergency Clinic in case an emergency occurs and a Lakewood Forest Veterinary Hospital doctor cannot be reached. I will also assume responsibility for all payments owed to the emergency clinic in the case this should happen.

Should the circumstances arise the my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed. Seven days after such written notice, the pet(s) will be considered abandoned. It is further understood that such action will not relieve me from paying **ALL** costs of your service and the use of your hospital, including the cost of the boarding service.

I have read the foregoing and agree.

(Date) (Signature of owner or agent)

Emergency phone number where I can be reached: _____

Pick-Up Date: _____

Special Instructions: _____

Medications : _____

Personal Items Left: _____

ALL ANIMALS MUST BE CURRENT ON VACCINATIONS REQUIRED BY THE HOSPITAL, AND FREE OF EXTERNAL PARASITE INFESTATION. IF AN ANIMAL IS NOT CURRENT OR PROOF OF VACCINATIONS IS NOT PROVIDED, THE ANIMAL WILL BE VACCINATED AT THE OWNER'S EXPENSE. IF NECESSARY, STEPS WILL BE TAKEN TO ELIMINATE EXTERNAL PARASITE INFESTATION OF AN ANIMAL, AGAIN AT THE OWNER'S EXPENSE.

PLEASE CHECK THE FOLLOWING SERVICES REQUESTED DURING YOUR PET'S STAY:

- Examination – describe any specific concerns:** _____
- Yearly or 6- Month Visit** **Grooming** **Nail Trim**
- Bath** **30 minutes of extra playtime at an additional \$5.00 a day**
- Other Services:** _____