Mueller Veterinary Services Boarding Release/Consent Form

Address Phone #1 Phone #2:	Species: Breed: Sex: Birthdate: Weight:
Arrival Date:	Departure Date:
Client Name/Phone #	¢ .
Client Name/Phone #	<i>‡</i>
Emergency Contact & Phone #	
Vaccines Required:	Rabies due date Bordatella (dogs) due date
Vaccines, tests, proce	edures during stay
Daily Medication(s):	
Feeding Special Diet:	We recommend keeping your pet on his/her diet during their stay; however, we are happy to give our clinic dog/cat food.
Items Brought: (large dog beds do not fit in our wash machine)	
Please read and	
If parasites, fle will be treated as Muel	eas, ticks or mites are found on your pet, or they experience illness during their stay, they ler Vet Services (MVS) determines and the cost of the treatment will be added to total bill.
If your pet becaused and added to the	omes aggressive or dangerous to the staff/other pets, precautions and/or medication will be bill. MVS is not responsible for the actions of your pet that may cause injury and/or escape.
	aying in an indoor/outdoor run and causes damage, a \$50 charge will be added to the bill.
	r pet becomes seriously ill, please choose one of the following:
Do as	ny and all diagnostic tests, treatments and surgery necessary for the well-being of my pet. ancial responsibility for all charges.
Treat	my pet as needed, but do not exceed \$
available from 5:00	Full payment is due upon your pet's departure. Sunday evening pick-up is pm to 5:30 pm and boarding charges will be paid at drop off. Please let e else will be picking up. If so, payment is due at time of drop off.
20062 2	그 그 이 시간을 생각하면 생각하면 하는 것 같아. 얼마나 없는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없어요.

Signature of Pet Owner or Person Responsible

Today's Date