

*Metropolitan Veterinary Hospital*  
401 Fawcett Avenue, Ste. 100  
Tacoma, WA 98402  
253-274-0225

**Boarding Release Form**

Client ID:	Patient ID:
Client Name:	Name:
Address:	Birthdate:
	Sex:
Telephone:	Color:

**REQUIREMENTS FOR BOARDING**

1. All animals must be current on all vaccinations.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. I authorize use of a tranquilizer for treatment or handling of my pet should it be necessary.
4. Metropolitan Veterinary Hospital has my permission to treat my pet should emergent care be indicated.
5. Pets may be picked up during regular business hours.

**I have read the requirements and understand the hospital's policies.**

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I may be reached: \_\_\_\_\_ Boarding Dates: \_\_\_\_\_ to \_\_\_\_\_

**Emergency Contact:**

Name/Number in the event I'm unreachable: \_\_\_\_\_

MVH Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTAKE INFORMATION**

Number of units requested:     Single     Double     Triple     Other (\_\_\_\_\_)

Metropolitan Veterinary Hospital provides its boarders with Science Diet Adult Maintenance diet.

Okay to feed in-house diet.     Please feed (amount daily) \_\_\_\_\_.

My cat is on a special diet.     Please feed (diet/amount daily) \_\_\_\_\_.

Owner provided diet.     Please feed (diet/amount daily) \_\_\_\_\_.

Are medications necessary while boarding?     yes     no

**Names of medication(s):**

**Dosage to be given:**


Owner provided medication(s)     yes     no