

**Sunrise Veterinary Hospital  
295 Shelby Lane  
Jasper, GA 30143  
(678) 454-5500**

**Boarding Release Form**

Client ID : \_\_\_\_\_  
Client Name : \_\_\_\_\_  
Spouse : \_\_\_\_\_  
Address : \_\_\_\_\_  
  
City / State / Zip : \_\_\_\_\_  
Telephone : \_\_\_\_\_

Patient ID : \_\_\_\_\_  
Name : \_\_\_\_\_  
Species : \_\_\_\_\_  
Breed : \_\_\_\_\_  
Sex / Altered : \_\_\_\_\_ / \_\_\_\_\_  
Color : \_\_\_\_\_  
Weight : \_\_\_\_\_  
Birth Date : \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic

All pets are given a boarding check in exam by a technician. If you prefer a complete physical examination by a doctor, please let us know

All pets are fed Royal Canin GI Low Fat unless you provide your own food.

My pet has been fully vaccinated within the last 12 months. If I cannot show proof of such vaccinations, then I give permission for the hospital to administer vaccinations required for the boarding of my pet(s). All pets must be free of fleas and ticks or they will be treated upon admission at the owner's expense.

In the case that your pet needs medical attention during their stay, please circle a dollar amount of medical treatment authorized. (\$100) (\$400) (Any amount) Other\$\_\_\_\_\_

I have read and understand the authorization and consent.

Begin boarding date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End boarding date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone number(s) or e-mail where the owner can be reached:  
\_\_\_\_\_

Special Diets, Medications or services to be performed while boarding (please note, an additional fee applies)  
\_\_\_\_\_  
\_\_\_\_\_

Have these medications been given today?      Yes      No

Would you like your pet to have a bath or a groom? (circle one)      Yes      No      Date:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date \_\_\_\_\_ Signature of owner \_\_\_\_\_

**Signature**