

2706 RICHMOND AVE  
HOUSTON TX 77098



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**GREENWAY**  
ANIMAL CLINIC

**BOARDING RELEASE FORM**

DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

PET'S NAME \_\_\_\_\_

**BOARDING INFORMATION:**

DROP OFF DATE \_\_\_\_\_

PICK UP DATE \_\_\_\_\_

DIET: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIMES/DAY: \_\_\_\_\_

BATHE?      YES              NO

**MEDICATIONS (ADDITIONAL FEE OF \$2.50/DAY)**

DOSAGE: \_\_\_\_\_ WHEN IS IT GIVEN? \_\_\_\_\_

HAS THERE BEEN ANY ILLNESS WITHIN THE PAST 30 DAYS?      YES      NO

ARE THERE ANY CONCERNS WE SHOULD WATCH FOR?      YES      NO

IF SO, WHAT? \_\_\_\_\_

- IF ANY FLEAS OR TICKS ARE PRESENT UPON ADMISSION, THE PATIENT WILL BE TREATED AT THE OWNERS EXPENSE.
- \$3/DAY WILL BE ADDED FOR SPECIAL DIETS/PRESCRIPTION DIETS NOT PROVIDED BY OWNER. YOUR PET WILL BE FED TOP QUALITY ROYAL CANIN OR SCIENCE DIET REGULAR DIETS UNLESS YOU SPECIFY OTHERWISE.
- PLEASE LIMIT THE NUMBER OF ITEMS BROUGHT TO STAY WITH YOUR PET. WE WILL NOT BE RESPONSIBLE FOR LOST ITEMS.
- GREENWAY ANIMAL CLINIC WILL USE ALL REASONABLE PRECAUTIONS AGAINST INJURY AND ESCAPE. THE CLINIC & STAFF WILL NOT BE HELD LIABLE FOR ANY PROBLEMS THAT DEVELOP PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. I UNDERSTAND ANY TREATED AS DEEMED BEST BY THE VETERINARIANS, AND I ASSUME FULL RESPONSIBILITY FOR THE EXPENSE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_