



Carolinus Veterinary Medical Hospital
10330 Feld Farm Lane
Charlotte, NC 28210

Day Boarding Release Form

NAME _____ SPOUSE'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____ SECONDARY # _____ CELL # _____
EMAIL ADDRESS _____
PET NAME _____ SPECIES _____ BREED _____
BIRTH DATE _____ MALE/ FEMALE (CIRCLE ONE) SPAYED/ NEUTERED (CIRCLE ONE)

_____ I understand that my dog will be playing and intermingling with other dogs through out his/her stay at CVMH.

_____ **I do NOT wish for my pet(s) to interact with other dogs.**

_____ In case of illness or injury, I, the undersigned, do by give my authorization and consent for the doctors of
_____ CVMH to treat, prescribe for, or operate upon my pet(s) while day boarding at CVMH.

_____ CVMH is to use all responsible precautions against illness, injury, or escape of my pet(s), but CVMH will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

_____ I understand that I am financially responsible for any illness/injury sustained to my dog during his/her stay at CVMH.

_____ My pet(s) must be fully vaccinated within the last 12 months. If I cannot show proof of such vaccinations, then I give my permission for CVMH to administer the vaccines required for boarding my pet.

_____ I agree that if fleas are seen on my pet(s) by an associate of CVMH, I give permission for CVMH to treat for fleas as they see appropriate.

_____ I certify that I have read, understand and agree with the policies of the above content.

_____ **I have initialed each statement above to acknowledge my understanding and acceptance.**

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

This release form is valid for 1 year from printed date.

