

Hawthorne Animal Hospital

11966 Roe Ave
Overland Park, Kansas 66209
(913) 345-8147

Feline Boarding Release Form

First Name _____ Last Name _____

Phone _____ Emergency Number _____

Permission for another person to pick up: Yes ___ NO ___ if yes _____

Patient/pet name(s): _____

Arrival date: _____ Departure Date: _____

What brand of food does your pet eat? _____

****We Provide Science Diet, and iVet foods if your Pet is on a diet other than this please bring it if you wish us to continue feeding it. Please let us know if your pet is on a restricted diet****

How much does your pet eat? (in cups) _____ How often _____

Are any Medications necessary while boarding? (additional meds administration fee will be charged)

Please list medications, dosages and the time they are given: _____

Date of last flea medication applied and name of product if known: _____

Requirements for Boarding

1. All animals must be current on all vaccinations including Rabies, FVRCP, (Proof of vaccinations must be shown at time of check in)
2. All animals must be free of external parasites (ex. Fleas, Ticks, etc.) or they will be treated at owner's expense.
3. Hawthorne Animal Hospital has my permission to do whatever is necessary should an emergency arise and I understand that I am financially responsible for this treatment.
4. If my pet experiences a mild gastrointestinal upset or a tranquilizer is necessary for treatment or handling or for the well-being of the pet, Hawthorne Animal Hospital has my permission to administer such medication for treatment without prior notification.
5. Pets may be picked up before 5:30 PM on Monday, Wednesday & Friday, before 7:00 PM Tuesday & Thursday, and before Noon on Saturday. No Exceptions. Pets will be charged another night boarding if not picked up prior to close.

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

Signed: _____ Date: _____