



**Animal Clinics of
The Woodlands**

Alden Bridge
8000 Research Forest Drive Suite 125
The Woodlands, TX 77382
Cochran's Crossing
4747 Research Forest Suite 160
The Woodlands, TX 77381
Indian Springs
10807 Kuykendahl Road Suite 406
The Woodlands, TX 77382

Boarding Release

Owner's Name: _____

Address: _____

Pet's Name: _____

Boarding Location: _____

Date of Check-In: _____ Check-Out date: _____

Emergency Contact and Phone Number(s):

1. _____

2. _____

Would you like any additional services during your pet's stay?: (additional fees apply)

Bath Nail trim Anal Glands Expressed

Microchip Placement

If yes, please provide email address for registration: _____

Will you provide your pet's diet? Yes No Please Feed Kennel Diet (Purina EN)

If yes, name of the food: _____

Amount given: _____

Feeding schedule: _____

Did you bring any personal items for your pet (blanket, toys, treats, etc.)? Yes No

If so, please describe them:

Are there any medications to be given to your pet while boarding? Yes No

If yes, please list in detail below:

1. Name: _____

Amount given: _____

How often to give it: _____

Time of last dose: _____

2. Name: _____

Amount given: _____

How often to give it: _____

Time of last dose: _____

3. Name: _____

Amount given: _____

How often to give it: _____

Time of last dose: _____

**** ALL MEDICATIONS MUST BE PROVIDED IN ORIGINAL LABELED BOTTLES****

Additional boarding fees apply for pets on medications. Should you need more space for medications, please provide neatly written on an additional sheet of paper.

Does your pet have any conditions or special needs the veterinarian(s)/staff need to be alerted about? Yes No

If yes, please explain the medical condition/special need below:

Terms of Boarding:

1. All pets must be current on all required vaccinations. For dogs, this includes distemper, adenovirus, parvovirus, kennel cough (bordetella), and rabies. For cats, this includes calicivirus, rhinotracheitis, panleukopenia, and rabies. If I cannot provide proof that my pet is current on all of these vaccinations, I authorize the doctor to administer the necessary vaccines at my expense.
2. If any external parasites are found on my pet at any point during their stay, I authorize the doctor to treat at my expense. My pet will be given a Capstar on arrival and on the day of departure to ensure a flea free facility at my expense.
3. If the doctor is unable to reach me at the given numbers I authorize any treatment for my pet that the doctor considers necessary for his/her health and safety. I understand that I will be charged for all treatments performed.
4. My pet will be fed and medicated according to the information provided above unless changes are deemed medically necessary by the Veterinarian.
5. If I am unable to pick up my pet on the expected check-out date I will inform the Hospital of the check-out date as soon as possible.
6. I will not hold the Hospital responsible for inadvertent loss or damage of personal items left with my pet.

Payment is due when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, American Express, and Care Credit.

Signature: _____

Date: _____