



**Duval Animal Hospital**  
 1060 West Beta  
 Green Valley, AZ 85614

**BOARDING RELEASE FORM**

OWNER: \_\_\_\_\_ PATIENT: \_\_\_\_\_

Owner destination and phone number: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

Thank you for choosing Duval Animal Hospital for your boarding needs. Be assured that the health of your pet is our highest concern and we will do everything possible to maintain that health. In the event your pet should become ill while you are away, we will try to reach you at your destination. Failing to reach you, we will treat the presenting condition. Most common of these are vomiting and diarrhea. All costs associated with treatment are the sole responsibility of the owner.

**VACCINATIONS:** All pets are required to be current on all vaccines. If we do not have, or you have not provided your vaccination history, we will vaccinate your pet and you will incur the appropriate charges at check out.

Boarding pets, particularly Geriatric pets and those with ongoing medical conditions may present us with life threatening medical emergencies. Should this occur, a doctor will evaluate and treatment will be administered at the sole discretion of the attending doctor. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

While here, I would like my pet evaluated for the following problems and/or services: \_\_\_\_\_

**Please list all pet "gear" including but not limited to collar, leash, bedding, toys, food:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PICK UP TIMES:**

Baths: Pick up @ 12:00pm or later - Monday thru Friday

All other pickups @ 9:00am or later - Monday thru Friday / 9:00am to 12:00pm Saturday - No Sunday pickups

**NOTE: Pets that are picked up after 1:00pm will be charged for a full day's boarding.**

Initial: \_\_\_\_\_

If someone other than yourself will be picking up your pet, please list name here \_\_\_\_\_ Please note, advance payment will be required if someone other than yourself will be picking up your pet.

Credit card number & expiration date \_\_\_\_\_.

The hospital is to use reasonable precaution against injury, escape, or death of pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Estimated Pick-up Day and Time: \_\_\_\_\_ @ \_\_\_\_\_

**\*Please be advised that we do not have 24hour supervision in our facility.**