BOARDING RELEASE FORM		Owner's Na	Owner's Name:		
Ocoee Animal Hospita	1	Phone Num	ıber:		
	Pet(s) Name:				
CHECK-IN TIMES:	CCK-IN TIMES: Monday - Friday - 2:00 pm – 4:30 pm Saturday & Sunday - CLOSED				
			:00 am (**Saturday & Sunday t		
If your pet is given	a bath on the d	lay of Check Out -	- pick up time for your pet wil	l be after 3:00pm	
Check-In Date	Check-Out Date:				
•	•	•	king (include dosage, # of doses nistration (\$4.00 per day)	per day, and times to	
**List FEEDING inst	ructions (includ	e Food products, #	of feedings per day, amount of	food, time of day):	
**ADDITIONAL SEL services while boarding			your pet <u>scheduled</u> to have any c Circle all that apply)	of the following	
SURGERY D	ENTAL	NAIL TRIM	GLANDS EXPRESSED	BATH	
\$6.00 per day Add'l wa \$10.00 early boarding		te departure	\$7.50 additional per	day Holiday rate	
			e written proof of current vaccin proof is provided, the pet(s) wil		
	ne number. Unl		ot to contact you as soon as possemed, we will examine the pet an		
			sion to the boarding facility. For n, we will administer flea medica		
pet owner's expense***		int apon admission	, we will administer free medice	tions to the pet at the	
Client Name (Print): _			Client Signature:		
Emergency Phone Nur	nber:				

^{**}Unless otherwise specified in writing, no one other than the owner may pick up pets from boarding. I have read and understand the above stated information, including drop off and pick up times and any additional fees that may be assessed while my pet is in boarding at Ocoee Animal Hospital.