

Orchard Mesa Veterinary Hospital
2668 Highway 50
Grand Junction, CO 81503
970-241-9866



BOARDING CONTRACT & RELEASE FORM - DOGS

Client Name: _____
 Address: _____
 Phone #: _____

Patient Name: _____
 Species: _____
 Sex: _____
 Birthdate: _____

Arrival Date: _____
 Feeding Instructions: _____
 Surgery: _____
 Medications (Additional Charge): _____

Departure Date: _____
 Bath: Circle one Yes or No
 Notes: _____

Instructions: _____

Orchard Mesa Veterinary Hospital agrees to provide due and reasonable care in a reliable and trustworthy manner. Orchard Mesa Veterinary Hospital will maintain a sanitary and safe environment at all times and will provide routine feeding and exercise schedules throughout each day. All pets boarded or otherwise handled and cared for by Orchard Mesa Veterinary Hospital without liability to Orchard Mesa Veterinary Hospital for loss or damage from diseases, death, running away, theft, fire, injury to persons, other dogs, or property by said animal, or other unavoidable causes, due diligence and care having been exercised. I authorize the Orchard Mesa Veterinary Hospital to do whatever is necessary in case of illness or emergency situation and the owner of the animal shall pay such expenses promptly. If any charges for boarding, medicine or veterinary services are not paid for within ten days after they are due, or the animal is not called for within five days after time of return, the animal will be sold or disposed of as Orchard Mesa Veterinary Hospital sees fit within ten days after this period by Orchard Mesa Veterinary Hospital, publicly, privately, or otherwise for the best price available. Notice in writing of such intended sale or disposal shall be mailed by certified mail to the owner of the animal at the address given hereon, not less than ten days of such intended disposal, and no further notice shall be deemed necessary. The owner represents legal ownership of the animal, certifies the animal is not mortgaged in any way, and verifies that said animal has not been exposed to distemper or rabies within the last 30 days. All pets left for boarding must be current on all required vaccinations and free of fleas and ticks, or they will be treated on admission at the owner's expense. If medications are necessary for treatment or handling, I give my permission to Orchard Mesa Veterinary Hospital to administer such medications.

I hereby agree to the foregoing as the owner or the person responsible for the animal.

Emergency Contact: _____ Phone: _____

Signature of Pet Owner or Person Responsible: _____

Proof of vaccinations required at check-in. Required:
 Rabies DHPP/CORONA Bordetella (6 month) K9 Influenza

Please check all that apply: ___ Quiet/Shy ___ Fearful ___ Aggressive ___ with people ___ with animals
 ___ Escapist ___ Fence Climber ___ Epileptic ___ Arthritic ___ Bites ___ Digger ___ Deaf ___ Blind