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



## **BOARDING CONTRACT & RELEASE FORM - CATS**

Client Name:	Patient Name:
Address:	Species:
Phone #:	Sex:
	Birthdate:
Arrival Date:	Departure Date:
Feeding Instructions:	Bath: Circle one Yes or No
Surgery:	Notes:
Medications (Additional Charge):	
Instructions:	
cared for by Orchard Mesa Veterinary Hospital without damage from diseases, death, running away, theft, fire, is or other unavoidable causes, due diligence and care have Veterinary Hospital to do whatever is necessary in case of animal shall pay such expenses promptly. If any charges paid for within ten days after they are due, or the animal animal will be sold or disposed of as Orchard Mesa Vete by Orchard Mesa Veterinary Hospital, publicly, privately writing of such intended sale or disposal shall be mailed address given hereon, not less than ten days of such intended saddress given hereon, not less than ten days of such intended verifies that said animal has not been exposed to dis boarding must be current on all required vaccinations are admission at the owner's expense. If medications are need to Orchard Mesa Veterinary Hospital to administer such	in a sanitary and safe environment at all times and will out each day. All pets boarded or otherwise handled and liability to Orchard Mesa Veterinary Hospital for loss or njury to persons, other dogs, or property by said animal, ing been exercised. I authorize the Orchard Mesa of illness or emergency situation and the owner of the story boarding, medicine or veterinary services are not lis not called for within five days after time of return, the erinary Hospital sees fit within ten days after this period y, or otherwise for the best price available. Notice in by certified mail to the owner of the animal at the nded disposal, and no further notice shall be deemed animal, certifies the animal is not mortgaged in any way, etemper or rabies within the last 30 days. All pets left for a free of fleas and ticks, or they will be treated on cessary for treatment or handling, I give my permission medications.
I hereby agree to the foregoing as the owner or the perso	n responsible for the animal.
Emergency Contact:	Phone:
Signature of Pet Owner or Person Responsible:	
Date Vaccines given: (Proof of vaccinations required at c	
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Please check all that apply: Quiet/Shy Fearful  Escapist Fence Climber Epilentic Arth	Aggressive with people with animals