

Animal Tracks Veterinary Service

1225 N. Nelson Rd. Viroqua, WI 54665 Phone: (608)637-6407 Fax: (608)637-8830 E-mail: animaltracksvet@mwt.net

BOARDING RELEASE FORM

Pet Name:	Clier	nt Name:	
Client Phone (H)	(C)	(W)	E-Mail:
Pet Description: Breed	Color	Age:	Sex: M / F Spayed/Neutered: Y / N
All animals must be current on Ra expense. If vaccinations were perf	·		nations or they will be administered at owner' or at the time of check-in.
Veterinary-grade flea and tick pre or they will be treated at owner's	• •	nin 30 days of boarding	. All animals must be free of external parasites
roundworms, hookworms, whipw performed for your pet while here Contact with any results If your pet is found to have any co	orms, tapeworms, coccidiosise, would you like us to contact only if PO ommunicable diseases while be	s, etc.) or they will be to t you with results? SITIVE No no poarding they will not b	ust be free of internal parasites (i.e. reated at owner's expense. If a fecal exam is seed to contact, provide Dewormer as needed be allowed to play in Doggie Daycare or time in in times a day to limit the spread of such
Pets may check-in and out during 7:30AM – 5:30PM Tuesday – Frid		•	hours of 7:30AM – 7:00PM on Monday, OPM on Sunday.
	up before 12:00PM there is	no charge for the day o	ged for the pet's day of arrival regardless of the f departure; if the pet is picked up after
given priority for larger runs or co right to move boarding dogs from appropriate for the size of the dog guarantees in regards to size of er	ndos. In the event that the far run to kennel, as needed, to g. We will make every effort t nclosure, unless requested sp ndow view, if possible, depen	acility is at capacity, And accommodate the pet so give each dog the lar ecifically at the time of	nels according to size of dog; larger dogs will be imal Tracks Veterinary Service reserves the in the space that will be most comfortable and gest enclosure available, but can make no your reservation. Cats will be housed in the eats present in the facility, but no guarantee of
	edication dispensed and trea	ntment provided. Shoul	t uncommon, but may require some medical d this occur, would you like us to begin irst
-	f notices any other issues wit Please call for any services	· <u></u>	Doctor's attention, how would you like us to
			reach you, or the emergency contact provided or reach you/your emergency contact.
the time the animal is discharged.	I understand that if I fail to p	oick up my pet within te	associated costs. They are to be paid in full at en days of notification to the above address, m state law. In doing so does not relieve me of m
Owner/Agent Signature:			Date:
Name & Phone Number of Respon	nsible Party to be reached in	Emergency:	
For Office Use Only: OClient Informat	ion Verified OScanned Into Co	ornerstone Records	