

# Boarding Release Form

Patient Name \_\_\_\_\_ Owner Name \_\_\_\_\_

\_\_\_\_ In case of illness or injury I give my consent for the Doctor at Crystal Mountain Animal Hospital to treat such illnesses.

\_\_\_\_ If fleas, ticks and/or intestinal parasites are present upon arrival, I understand they will be treated for external and internal parasites at the owners expense.

\_\_\_\_ Crystal Mountain Animal Hospital will take all reasonable precautions to prevent injuries or illnesses and will not be held liable for injury or illness.

\_\_\_\_ I understand that Crystal Mountain Animal Hospital is not responsible for any personal belongings that I leave with my pet.

***I have read the above and give my consent:***

\_\_\_\_\_  
*Signature of Pet owner, or person responsible*

\_\_\_\_\_  
*Date & Phone #*

## **Hours of operation:**

M, T, Th, F 7:00 a.m. – 6:00 p.m.

Wednesdays 7:00 a.m. – 5:00 p.m.

Saturday 9:00 a.m. – 12:00 p.m.

Sunday 9:00-10:00 (***Applicable for boarders by appointment only***)