

West Central Veterinary Services

316 N Jackson St
Greencastle, IN 46135
Phone: (765) 301-4369

1472 S US Hwy 41
Rockville, IN 47872
Phone: (765) 569-3210

212 W US Hwy 136
Veedersburg, IN 47987
Phone: (765) 294-2203

Boarding Release Form

Owner's Name _____ Pet's Name _____ Home Phone # _____

Emergency Contact and Phone # _____ Date In _____ Date Out _____

Will you be picking up your pet? Y N If not, who will? _____

Food (what kind, how much, when) _____

Medication (please specify dosage) _____

Any special instructions? _____

In the incidence that your pet becomes ill or has a life-threatening emergency during its stay...

- You have permission to treat as necessary at WCVS
- I do not want any treatment

Other procedures to be performed during your pet's stay:

Bath	Exam/Clean Ears	Examine Skin	Nail Trim
DHPP	FVRCP	Rabies	Fecal Sample
Bordetella	Feline Leukemia	Deworm	Anal Gland Expression
Heartworm Test	Feline Leukemia Test	Feline Leukemia/Aids Test	

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner). I have read and fully understand the boarding policies of WCVS and do hereby release WCVS from any liability in regards to my pet's health.

Signed _____ Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Urination	A N P	A N P	A N P	A N P	A N P	A N P	A N P
Defecation	A N P	A N P	A N P	A N P	A N P	A N P	A N P
Eating	A N P	A N P	A N P	A N P	A N P	A N P	A N P
Drinking	A N P	A N P	A N P	A N P	A N P	A N P	A N P
Attitude	☺ ☹ ☹	☺ ☹ ☹	☺ ☹ ☹	☺ ☹ ☹	☺ ☹ ☹	☺ ☹ ☹	☺ ☹ ☹
Medication: _____	A N P	A N P	A N P	A N P	A N P	A N P	A N P
Medication: _____	A N P	A N P	A N P	A N P	A N P	A N P	A N P
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Comments: