Countryview Kennels Pet Care Authorization & Release Form

| Name of Guest(s) Pet(s) | |
|---|---|
| Owner(s): | Emergency Contact / Phone: |
| Address: | |
| Home Phone: | Cellular: |
| Veterinarian / Phone: | |
| Pet Age:Breed: | M/F Spay/Neutered? |
| Allergies: | Food Brand Provided: |
| Treats permitted? Y/N Fea | ars / Anxiety? |
| Medications: | |
| Countryview kennels will exercise enclosed facility. Building is climproclaimed medications. | e their best possible care for the safety of your pet, provide a sanitary and safely nate controlled. Pets will be fed properly and regularly and administered any |
| boarding. Must have been admini | or/Parvo/Lepto/Hepatitis/Rabies and Bordetella. Must provide record at time of steredby a professional veterinarian at least 14 days prior to boarding. For the welfare or fleas and ticks we ask you to treat your pets as well. |
| other attention when deemed neo owner to seek veterinary advice o medical emergency is of upmost veterinary care regardless. By sign | rization: Owner agrees Countryview Kennel may, in its discretion, give medication or cessary for the health and safety of the pet. Countryview Kennel is authorized by the or care, including medical care at owner's expense. Contacting owner in the event of importance if time permits. This document serves as our authorization to obtaining this Authorization, you give Countryview Kennel authority to make care decisions by costs incurred for said trearment. |
| This Authorization and Release wi | ill remain in force for all of my pet's visits to Countryview Kennel for boarding. |
| my pet(s) is (are) in good hexposed to any communical | oing as the owner of the aforementioned pet(s). I further certify that nealth and have not been ill with any communicable condition nor ble diseases within the last 30 days. Moreover, certify to the accuracy ut my pet(s). I have read and understand the foregoing. |
| Owner Signature | Date |