



Kibby Park Animal Hospital, PC

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Boarding Release Form

Owner Name _____ Pet Name _____

Phone number at which you can be reached while away _____

Date of admittance to KPAH _____ Date of pick up _____

Other individuals authorized to pick up your pet(s) _____

Emergency contact person (please list name and phone number of someone who can make medical decisions in your absence if you cannot be reached)

Name _____ Phone Number _____

Items brought with my pet (check all that apply) _____ Food _____ Bedding _____ Toys _____ Treats _____ Meds

Please list all meds, how often you give and what time of day _____

I feed my pet the following amount: _____ AM Feeding _____ PM Feeding

My pet last ate at _____

I authorize Kibby Park Animal Hospital to make charges to my account of up to \$ _____ in case of necessary medical treatment or emergency. Stress-related conditions such as anxiety which may lead to diarrhea or injury will also be addressed at a charge of \$3.00-\$6.00 per day ONLY if determined to be medically necessary. If over the stated amount, please contact me at the number above OR my emergency contact person if I cannot be reached.

Initials _____

I have received a copy of the Boarding Information Sheet and agree to the stated terms.

Initials _____

Please check one and initial:

Please apply a 30 day flea prevention product to my pet(s) _____

My pet has already received flea prevention in the last 30 days _____

Do not apply flea prevention _____ (please note that any pet with flea infestation must be treated while in our facility)

Initials _____

I authorize the staff at Kibby Park Animal Hospital to take my dog(s) outside on a leash while boarding. Each dog will receive a minimum of three walks daily in the fenced in yard.

Initials _____

Signature of Owner/Agent _____ Date _____