BOARDING RELEASE FORM

Date:		
Name:		
Address:		
City:	State:	Zip:
Phone:		
Patient Name:		
Breed:		
Age:	Sex:	Color:
Dear Client:		
on keeping our kennels clea Bordetella (Kennel Cough),	nn and sanitary. With this said, there Ringworm, Canine Parvo and Dist d to any disease while staying in our	Eyour pet very seriously, and we pride ourselves e are times when diseases such as Canine emper may enter the clinic. Therefore, if your per clinic for any reason, you will be responsible
	h any contagious disease, we may c e your pet and treat them at your exp	ontact you to pick up your pet. If we are unable pense.
Client Signature:	Contact #	<u>-</u>
Sincerely,	Sincerely,	Sincerely,
James Morton, DVM Morton Small Animal Clinic	Erica Dumeyer, DVM Morton Small Animal Clini	Seth Shirey, DVM C Morton Small Animal Clinic