**VETERINARY ASSOCIATES, INC.**

**P.O. BOX 839 KAMUELA, HI 96743**

**(808)885-7941**

**MEDICAL BOARDING RELEASE FORM**

 **OWNER:**

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 **PHONE# PHONE#**

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 **PATIENT#1 PATIENT#2**

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 **PATIENT#3: PATIENT#4**

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 **PICK UP DATE:**

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 MUST BE FILLED OUT:

 **SPECIAL DIET: HOW OFTEN:**

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 **MEDICATION: DIRECTIONS: TREATED FOR TODAY: YES OR NO**

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 **MEDICATION: DIRECTIONS: TREATED FOR TODAY: YES OR NO**

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 **MEDICATION: DIRECTIONS: TREATED FOR TODAY: YES OR NO**

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 **MEDICATION: DIRECTIONS: TREATED FOR TODAY: YES OR NO**

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 **EMERGENCY CONTACT: PHONE#**

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I am the said owner or the agent for the above-described animal(s) and have the authority to execute this consent. I understand that reasonable measures and precautions will be taken against escape, injury or death of this pet. Veterinary Associates Incorporated will not be held responsible or liable for the unlikely event that a medical or surgical condition does arise; I authorize the use of appropriate anesthetics and/or other medications. I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian. I further understand that I will be responsible for the costs of the professional services and medications. I understand that if my pet has not been vaccinated, the animal will be vaccinated upon entry into the facility. I further understand that this vaccination may not offer an immediate protective immunity. I have read and understand this authorization and consent.

 **SIGN: PRINT: DATE:**

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