



Patient Weight: _____

@ Holly Tree Animal Hospital

1332 South Highway 14 • Simpsonville, South Carolina 29681 • Fax (864)288-8262 • Office (864)288-8908

CAMPER RELEASE

Client Name/ID: _____ Date: _____

Pet's Name/ID: _____ Sex: _____

Species: _____ Breed: _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors and staff of Holly Tree Animal Hospital, P.C. to treat, prescribe medications, or operate on my pet(s) while they are boarded here. All reasonable efforts will be made to contact the owner at the emergency phone number listed before proceeding. Holly Tree Animal Hospital is to use all reasonable precautions against illness, injury or escape of my pet(s). It is understood that I assume all risks associated with boarding and will not hold Holly Tree Animal Hospital, P.C. responsible or liable for any circumstance that may occur from the care, treatment, or safekeeping of my pet(s). Should my pet(s) remain unclaimed after the agreed upon discharge date, I agree that my pet(s) may be considered abandoned. Written notice of such will be mailed to my address. If my pet(s) remains unclaimed, I understand that I release all claims to my pet, and that it may be disposed of as the hospital deems necessary. Abandonment does not release me from payment of all services rendered.

All animals must be current on vaccinations. Dogs: DHPP, Bordatella, CIV, Rabies, and negative Fecal test. Cats: FVRCP, Rabies, and negative Fecal test.

Pets without proof of vaccinations administered by a licensed veterinarian will be vaccinated at the owner's expense.

All pets must be free of external parasites (fleas, ticks, ear mites, etc). Pets with external parasites will be treated at the owner's expense.

Puppies and kittens under 16 weeks of age are more susceptible to infections, diseases and parasites than older dogs and cats. While every effort will be taken to avoid exposure, these animals are at higher risk while boarding. This risk has been explained to my satisfaction.

Admission Date: _____ Pick Up Date: _____

Feeding Instruction: Type/Amount _____

Medications to be given: _____

Belonging left with my pet: _____

Treatments: _____

Signature of Owner: _____

Emergency Number(s): _____

Please list any health concerns of your pet on the back of this page.

OFFICE USE ONLY:	CHARGES ENTERED BY: _____	CHARGES CHECKED BY: _____
CANINE:	<input type="checkbox"/> DHPP <input type="checkbox"/> RV <input type="checkbox"/> BORD <input type="checkbox"/> FECAL <input type="checkbox"/> HW <input type="checkbox"/> CIV	
FELINE:	<input type="checkbox"/> FVRCP <input type="checkbox"/> RV <input type="checkbox"/> FECAL	