

**Marina Pet Hospital**  
2024 Lombard Street  
San Francisco, CA 94123  
(415) 921-0410

**BOARDING RELEASE FORM**

Date: \_\_\_\_\_

Client ID:  
Client Name:  
Address:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

Telephone:

Weight: \_\_\_\_\_

Vaccinations:  
DHLPP ANNUAL VACCINE  
BORDETELLA VACCINE  
RABIES 3 YR VACCINE  
LYME ANNUAL VACCINE  
HEARTWORM TEST (DOG)  
OVA & PARASITES (T805)  
HEALTH CARE PLAN RENEWAL

Due Date:

I hereby assume all responsibility and costs incurred to my pet while I am out of town or if an emergency occurs.

**AUTHORIZATION FOR TREATMENT (Please check one)**

1. Anything deemed necessary by the veterinarian \_\_\_\_\_
2. Anything deemed necessary by the veterinarian, not to exceed \$ \_\_\_\_\_ amount \_\_\_\_\_
3. Owner to be called with estimate for procedures recommended by veterinarian prior to any treatment \_\_\_\_\_ Quoted: \_\_\_\_\_

Continuous presence of qualified personnel may not be provided.

**CHECK OUT TIME IS NOON**

\_\_\_\_\_  
Date Signature of Owner/Agent of Owner Emergency phone

Estimated pick-up day: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Rx: \_\_\_\_\_  
Diet: G M L S Sp \_\_\_\_\_  
SID BID LEAVE OUT  
DRY WET MIX

Walk at \$5 per day \_\_\_\_\_

Special Instructions: