Mishawaka Animal Care Center 129 West Edison Rd. Mishawaka, IN, 46545 574-255-4130

Client Information	Patient Infor	Patient Information	
Name:	Name:	Species:	
Address:	Breed:	Sex:	
Contact Number:	Weight:	Color:	
Email:	DOB:	Neutered/Spayed:	
Animal	Boarding Release	Form	
Authorization for Medical Treatment: I ce authorize Mishawaka Animal Care Center to non-emergency situations for my pet(s). I g anesthesia for an emergency or requested the treatment deemed best by the medical or discomfort. Mishawaka Animal Care Cerwith a treatment plan. I assume full financial pet.	o do whatever is medically necessive my permission to administer tra procedure. For any non-emergence staff at their discretion to make my oter will make every effort to contact	sary in both an emergency and anquilizers for treatment or handling or y medical problems found, I authorize pet(s) comfortable and to alleviate pain at me or my authorized representative	
Required Vaccinations/Diagnostics: For animals must be up to date on their vaccine and Distemper-Parvo combination. Feline Vaccine	es prior to their boarding reservation	n. Canine vaccines: Rabies, Bordetella	
Pet Supervision: We are not a 24-hour care 8:00 am. During your pet(s) stay, the temper relaxation; we provide clean, comfortable be let out individually to exercise three times a run area.	erature is kept at a comfortable sett edding; and fresh water and food is	ting; we play music to help with s available. Our canine companions are	
Owner Acknowledgement: (Please initial	Lbelow to indicate understanding o	f and agreement to the following terms)	
I acknowledge that even though my guarantee that my pet(s) will not contract a Some pets may develop loose stools or dia	different pathogen that can cause	-	

Date:	Signed:	Witness:
Secondary C	ontact/Pickup:	
Primary/Eme	rgency Contact/Pickup:	
	boarding day will be charged for parts (s) can be picked up is 5:00 pm of	pet(s) picked up after 12:30 pm of the reservation end-date and during our office hours only.
	heir stay. I also understand that t	Il cost of any examination, treatment, or medication requested for this release form shall apply to all animals that I shall bring in on
pet(s) at its di abandoned. I	scretion. I understand that I may understand in the event of delay	not be able to recover my pet(s) if they have been considered of my return, I will notify Mishawaka Animal Care Center within ly charges for the days my pet boards past the reservation date.
		pick up my pet(s) within 14 days of the reservation end date, my derstand that Mishawaka Animal Care Center may have to reloca
		o acknowledge that my pet(s) will not be supervised during these er liable for any harm that may occur to my pet(s) while unsuper
	_	Care Center is not a 24-hour facility and will not be staffed over
		Care Center will not feed any raw animal products to my pet(s) clinical evidence associated with this diet.
IVIISII awaka A	ilinal care center is not to blance	e and agree to treat the problem at my expense.