

Eldorado Animal Clinic  
505-466-0650  
20 Chamisa Drive North  
Santa Fe, NM 87508  
**Boarding Release Form**

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone: \_\_\_\_\_

Client Email: \_\_\_\_\_

Pet Name/Names: \_\_\_\_\_

\_\_\_\_\_

**CHECKED IN BY:** \_\_\_\_\_

Immunization Record: Canine Rabies: \_\_\_\_\_ DA2PP: \_\_\_\_\_ Bordetella: \_\_\_\_\_  
Feline Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Medications/Doses

\_\_\_\_\_

Feeding Instructions

\_\_\_\_\_

Belongings \_\_\_\_\_

Additional Requests:

Nail Trim \_\_\_\_\_ Dog Walking \_\_\_\_\_ Medical Exam \_\_\_\_\_ Anal Glands \_\_\_\_\_ Grooming \_\_\_\_\_

Other \_\_\_\_\_

**REQUIREMENTS FOR CARE**

1. All animals must be current on immunizations including bordetella/kennel cough. If you see another veterinarian, please bring in proof of vaccines.
2. The owner/responsible party agrees to pay the rate for Specialized Pet Care and Hospitalization effective on the date the pet is checked into the Hospital and further agrees to pay all costs for any special services requested.
3. In the event an animal requires additional professional attention, the Specialized Pet Care may engage the services of its veterinarians.
4. The Specialized Pet Care and Hospitalization at the Eldorado Animal Clinic has the owner's permission to do **whatever is necessary** should an emergency arise.
5. Hours for pick-up and drop-off are: Monday - Friday 9:00am-5:30pm  
Saturday 9:00am-1:00pm

Owner/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_