



## Bronson Veterinary Services Boarding Release Form

Owner: \_\_\_\_\_

Patient: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

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**Dog Vaccines:**

- DHPP \$33.28
- DHLPP \$33.28
- DHLPP w/Lyme \$50.44
- Rabies \$13.52-\$18.20
- Kennel Cough \$20.80
- Heartworm/Blood Parasite Screen \$36.50

**Cat Vaccines:**

- FVRCP \$17.68
- FVRCP w/Leukemia \$26.78
- Rabies \$13.52-18.20
- FELV/FIV/Heartworm Test \$45.00

**Other Services:**

- Nail trim \$15.00
- Cytology \$35.00
- Express Anal Glands \$15.00
- Fecal \$18.00
- Deworm (\$ by weight)

\*There will be a \$25.00 Pre-vaccination Exam charge with vaccines.

**Other concerns or requested services or procedures:** \_\_\_\_\_

**Belongings:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

In the event my pet should need care while under supervision of Bronson Veterinary Services. I request the following monetary limit of services to be performed.

\_\_\_\_\_ **Do whatever is necessary**

\_\_\_\_\_ **Do not exceed a limit of** \_\_\_\_\_ **\$100.00** \_\_\_\_\_ **\$150.00** \_\_\_\_\_ **\$200.00** \_\_\_\_\_ **Other \$** \_\_\_\_\_

\_\_\_\_\_ **Do not perform any services or procedures**

I hereby authorize and direct the veterinarians of Bronson Veterinary Services to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures. **I also understand that if my pet has fleas they will be treated at owner's expense with Capstar and Frontline.**

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimate or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services Must Be Paid For When Your Pet Is Released. Some Procedures Require A Deposit To Be Made Before Surgery.**

I understand and agree to the above terms and acknowledge that blood work may be done or fluids may be administered, depending on my pet's age and risk factors.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_

Phone number(s) where you can be reached: \_\_\_\_\_