Barney & Russum Animal Clinic 2255 Boynton Ave Fairfield, CA 94533 (707) 426-1761			
	Boarding Re	elease Form	
Owner:			
Owner:	First		-
Pet:			_
As the owner or authorized guard prescribe or otherwise care for the		•	e clinic to receive, treat,
Our vaccination Policy: To insure must be up to date.	FOR YOUR PE the protection of all	•	the following vaccinations
<u>Dogs:</u> DAPP (Distemper, parvo, etc.) Bordetella (Kennel Cough) Rabies	<u>Cats:</u> FVRC Rabies	P	
I give my permission for Barney & with the above policy	ß Russum to update	my pet(s) vaccination	ns as needed in accordance
Should injury or circumstance wa to contact the necessary people to available for clearance.			
Emergency Contact Name (if diffe	erent from above):_		
Emergency Contact Phone Numb	per (if different from	above):	
I have labeled all toys, belonging can use these accordingly and re			with the pet so that the clinic

If you will be unreachable during your pets stay with us, please fill out the Temporary Care Authorization Form and desginate a responsible party to make descisions regarding your pet on your behalf.

SIGNATURE:_____ DATE:_____

Note: We do not have staff on site 24 hours a day.