

Downey Veterinary Hospital  
11220 S. Brookshire Ave.  
Downey, CA 90241  
(562) 923-0763

**Boarding Authorization**  
*Owner Release*

Downey Veterinary Hospital (DVH) is to use all reasonable precaution against injury, escape, or death of my pet. DVH and its staff will **NOT** be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that **ANY** problems that develop with my pet while I am absent will be treated as deemed best by the staff veterinarian and **I ASSUME FULL RESPONSIBILITY** for the treatment expense involved. I will not hold DVH or its staff responsible for personal belongings left with my pet. If I neglect to pick up my pet within 14 days of the date below and do not notify DVH within that time frame, DVH may assume that the pet is abandoned and are hereby authorized to dispose of the pet, as DVH deems best and/or necessary.

To help ensure my pet's health, I understand and agree with the following:

- All vaccines must be current. Bordatella, a kennel cough vaccine, is required.
- A physical exam, given by our doctor, must have been given within the last 6 months.
- My pet must be free of internal and external parasites. A flea/tick preventative must have been applied within the last 30 days. If not, I authorize DVH to treat the pet at my expense.

I understand that boarding my pet, changes to the environment, separation etc. can occasionally cause stress to my pet. I authorize DVH to help alleviate stress-related behavior problems by giving **Composure™**. Composure™ can help my pet without affecting its personality or energy level. It contains a combination of factors not found in other calming formulas such as a calming complex from colostrum, L-Theanine and Thiamine (Vitamin B1) which all address stress and calming. (Additional \$8.00 charge per stay, per pet, if given.)

Today's Date \_\_\_\_\_ Pet(s)'s Name \_\_\_\_\_

OK to give Composure™: ( ) **YES** ( ) **NO** Please check one.

Emergency Phone Number(s) \_\_\_\_\_

Special medical or behavioral conditions \_\_\_\_\_

Signature \_\_\_\_\_ Pick-up Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Pet(s)'s Name \_\_\_\_\_

OK to give Composure™: ( ) **YES** ( ) **NO** Please check one.

Emergency Phone Number(s) \_\_\_\_\_

Special medical or behavioral conditions \_\_\_\_\_

Signature \_\_\_\_\_ Pick-up Date \_\_\_\_\_

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