

# CLONE TENNESSEE

at The Animal Wellness Center

Check In Date \_\_\_\_\_

## Repro Boarding Release Form

**Dog Name** \_\_\_\_\_ **Breeding method** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Text** \_\_\_\_ **Yes** \_\_\_\_ **No** \_\_\_\_

**E-mail** \_\_\_\_\_ **When to reach you** \_\_\_\_\_

**Stud Name** \_\_\_\_\_

**Is semen at CLONE Tennessee?** \_\_\_\_\_

**Vaccination History:** \_\_\_\_ **Parvo/Distemper** \_\_\_\_ **Rabies** \_\_\_\_ **Lyme** \_\_\_\_ **Bordetella**

**Other** \_\_\_\_\_

**Where vaccinated?** \_\_\_\_\_

**Heartworm preventative?** \_\_\_\_\_ **When applied?** \_\_\_\_\_ **Brand** \_\_\_\_\_

**Flea/tick preventative?** \_\_\_\_\_ **When applied?** \_\_\_\_\_ **Brand** \_\_\_\_\_

**Feeding Instructions:** **AM** \_\_\_\_ **PM** \_\_\_\_ **at our discretion** \_\_\_\_

**Our food or YOURS?** \_\_\_\_\_ **What kind/brand of food?** \_\_\_\_\_

**Dogs personality:** *(Check all that apply)* \_\_\_\_ **excitable** \_\_\_\_ **quiet** \_\_\_\_ **energetic** \_\_\_\_ **dog-aggressive**  
\_\_\_\_ **fence climber** \_\_\_\_ **barker** \_\_\_\_ **chewer** \_\_\_\_ **stresses easily** \_\_\_\_ **timid/afraid of strangers** \_\_\_\_ **leash trained**  
\_\_\_\_ **crate trained** \_\_\_\_ **biter** \_\_\_\_ **other (describe)** \_\_\_\_\_

I understand that during the boarding time and the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and center's control.

*There will be an additional charge for animals that have fleas and/or ticks. Appropriate flea/tick treatment will be given*

*There is a \$400 deposit before the bitch is left for breeding.* **Initials** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

_____ <b>Pre-surgical Bloodwork</b>
_____ <b>Bath</b>
_____ <b>Nail trim</b>
<b>Notes</b> _____
_____
_____

**Checked in by** \_\_\_\_\_

Revised 8/21/14