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Companion Animal Hospital/Paws Inn Boarding and Grooming Release Form

Client Name _____	Patient Name _____
Address _____	Species _____
Phone _____	Breed _____ Color _____
	Age _____
	Sex _____

I confirm that I am the owner/authorized agent of the owner of the above pet and request that they be released to me from boarding/grooming at Paws Inn or treatment at Companion Animal Hospital.

___ I am satisfied with my pet's grooming. **GROOMING**

___ I have received all of my pet's belongings & medications and have no further questions. **BOARDING**

___ I am missing the following items and would like to be notified when they are found. **BOARDING**

___ I have questions about my pet's visit or billing and would like to have the hospital/kennel manager call me.

The best time to reach me is _____ at _____-_____-_____.

I authorize the following people to pick up my pet, until further, written notice is given:

Client/Agent _____

Date _____