

# Caldwell Veterinary Clinic, Inc.



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## Puppy/Kitten Boarding Release Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_

Diseases  
Vaccines Cover:

Dog Vaccines:  
Combo Vaccine (DA2PP/L4)

- Distemper
- Parvovirus (Parvo)
- Canine Parainfluenza (Respiratory Virus)
- Canine Adenovirus (Hepatitis)
- Leptospirosis (4 various strains)

Bordetella Oral Vaccine

- Kennel Cough (Respiratory)

Cat Vaccines:  
Felocell (RCCP)

- Respiratory Infections (4 various causes)

Leukemia

- Feline Leukemia (Immune Suppressant Virus)

I, the owner of above-mentioned client or owner representative, hereby recognize that my pet is at a higher risk for developing an illness or disease including but not limited to the above mentioned until completing the recommended vaccine series. I further understand that a puppy/kitten's immune system is not generally fully developed until 16 weeks of age.

Owner/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_