

# Musbro Kennels

Medical history and Medical Release Form

183 Orangeburg, NY 10962 (845)359-4550

[www.musbrokennels.com](http://www.musbrokennels.com)

***A separate application is needed for each pet***

Owners name (Must be 18 yrs. or older) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

## Pet Information:

Pet's name \_\_\_\_\_

Breed \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_

Weight \_\_\_\_\_

Medical condition/daily medication- \_\_\_\_\_

I am aware that Musbro Kennels LLC has an early pick-up policy which states that I am responsible for my pet(s) entire reservation if I arrive early to pick up before the original scheduled pick up date.

Signature of acknowledgement \_\_\_\_\_

Please answer the following-

Has your pet been boarded before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Was there separation anxiety? \_\_\_\_\_

Does your pet "dig"? \_\_\_\_\_

Can your pet climb a fence? \_\_\_\_\_

Does your pet like other animals? \_\_\_\_\_ People? \_\_\_\_\_

Is your pet food aggressive? \_\_\_\_\_

Has your pet ever bitten someone? \_\_\_\_\_

Does your pet "chew" things? \_\_\_\_\_

Does your pet have a medical condition? If "yes" please explain: \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

Has your pet ever had a seizure? \_\_\_\_\_ If so, when? \_\_\_\_\_ Does your pet take any seizure medications? \_\_\_\_\_

Does your pet have cancer? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Does your pet have diabetes? \_\_\_\_\_ If yes, does your pet need insulin injections? \_\_\_\_\_

How much and how often? \_\_\_\_\_

Is your pet prone to urinary tract problems? \_\_\_\_\_

Does your pet need to be leash walked? \_\_\_\_\_

Does your pet have a sensitive stomach? \_\_\_\_\_ Food restrictions? \_\_\_\_\_ If yes, what type of restrictions? \_\_\_\_\_

Can your pet have dog treats? \_\_\_\_\_

Has your pet been hospitalized in the last year? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Any surgeries? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Owner initials \_\_\_\_\_ date \_\_\_\_\_

Does your pet have any physical ailments? Lameness? Hip problems? Leg or joint problems?

If yes, what type? \_\_\_\_\_

Does your pet have trouble walking? getting up after lying down? \_\_\_\_\_

## Veterinary Medical Care Release Form-

Date \_\_\_\_\_

Client \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Pet(s) name(s) \_\_\_\_\_

Musbro Kennels LLC  
183 Rt. 303 Orangeburg, NY 10962  
(845) 359-4550  
www.musbrokennels.com

If any of my pets that are in the care of Musbro Kennels LLC, become ill or injured, you can reach me at the following phone number: \_\_\_\_\_. If you cannot reach me, please call the following emergency contact: \_\_\_\_\_.

In the event that my pet becomes ill or injured while in the care of Musbro Kennels LLC, and they are not able to reach me or my contact person, I hereby authorize Musbro Kennels LLC to contact and transport my pet(s) to the following veterinarian to diagnose and treat my pet's condition:

Veterinary Hospital/Clinic: \_\_\_\_\_

Preferred Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

In the event the above veterinarian is not available, I authorize Musbro Kennels LLC at its discretion to obtain veterinary care from another veterinarian in the same clinic or a different veterinarian/veterinary clinic or an emergency care clinic, as it deems appropriate.

I understand that all efforts will be made to contact me regarding my pet's condition, diagnoses and suggested treatment. If Musbro Kennels LLC cannot contact me, I give permission to Musbro Kennels LLC to approve treatment up to \$\_\_\_\_\_ per pet (most common values are \$200, \$500, \$1,000, unlimited, if no amount is listed, unlimited will be the assumed amount).

I will assume full responsibility for the payment and/or reimbursement for any of all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments shall be made within seven business days of the initial incident. If a pet carrier is not provided by the owner, any damage to the interior of the vehicle driven by the employee of Musbro Kennels LLC who is transporting my pet, shall be my responsibility to replace any costs incurred to repair the vehicle (i.e.- shampooing the rugs due to vomit, urine, blood).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Musbro Kennels LLC cares for my pet(s). I also understand that it is my responsibility to update my personal information as well as my emergency contact information. In signing this contract, I agree to all of the terms and conditions of the Veterinary Medical Care Release Form.

\_\_\_\_\_  
Signature of pet owner

\_\_\_\_\_  
date

