

NORTH SEATTLE VETERINARY CLINIC

BOARDING FORM

Owner's Name: _____ Pet's Name: _____

Date In: _____ Date Out: _____ Email: _____

Home Phone: _____ Cell: _____ Text/SMS okay? Yes / No

Which of these is best to reach you while your pet is boarding? _____

Emergency Contact: _____ Phone(s): _____

****I authorize my Emergency Contact to make medical & financial decisions in my absence.** (Initial if 'Yes')

I would like my pet to have the following additional services performed while boarding: Nail Trim Bath

FOOD - Please list your pet's usual brand/type of food and typical feeding schedule

Dry: _____ Amount Per Meal: _____ Frequency: _____

Wet: _____ Amount Per Meal: _____ Frequency: _____

Treats: _____ Quantity: _____ Frequency: _____

Time of pet's last meal: _____ am / pm Amount eaten: _____

Special Instructions: _____

MEDICATIONS — Please list any medications your pet is currently on

Drug Name & Strength	Dosage Instructions	Time Last Given
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

PERSONAL ITEMS — Please list and describe all items you have left with your pet today

- Dry/Wet Food Pet Bed: _____ Other: _____
- Treats Blanket: _____
- Medications Leash: _____
- Carrier Toy(s): _____

FLEAS: To prevent flea infestation of the hospital and its' patients, all incoming pets are carefully examined for any evidence of fleas. If any fleas are detected, a flea treatment will be given at a cost of up to \$25.00. This policy protects your pet as well as others.

Current Flea Product Used: _____ Date Of Last Dose: _____

HEALTH: To protect the health of your pet and the hospital's patients, all pets boarding at North Seattle Veterinary Clinic must have had a full exam at our clinic within the past 2 years and be current on their vaccinations. If they are not current on their exam or vaccines, these services will be performed upon admitting the pet for boarding at the owner's expense.

ILLNESS: If your pet becomes ill or requires medical attention while boarding with us, they will be examined and treated by a veterinarian at the owner's expense.

- ***I understand and agree that any incurred boarding or medical expenses will be the responsibility of the owner or agent and must be paid for at the time the pet is picked up.***

Authorized Owner/Agent _____ Date _____