



**TWIN LAKES VETERINARY HOSPITAL, INC., P.S.**

**BOARDING ADMISSION FORM**

1060 SW 320TH \* FEDERAL WAY, WA 98023\* (253) 839-7880 / (253) 927-6666\* [www.twinlakesvet.com](http://www.twinlakesvet.com)

Owner (s):

Cell Phone:

IN CASE OF EMERGENCY, CONTACT:

PET'S NAME:

DATE TO BE PICKED UP:

AM

PM

LIST ANY ITEMS BEING LEFT WITH PET:

MEDICATION (S):

DOSAGE:

HOW OFTEN:

TIME(S) GIVEN:

LAST RECEIVED:

FLEA PREVENTATIVE:

YES  NO

TYPE AND DATE:

FEEDING INSTRUCTIONS:

HOUSE FOOD

OWN FOOD TYPE:

FEEDING DIRECTIONS:

FEED TODAY:  YES  NO

ALLERGIES if so please explain

PHYSICAL EXAM- SPECIFICALLY CHECK FOR

VACCINES

BLOODWORK

FECAL (WORM CHECK)

NAIL TRIM

ANAL GLAND EXPRESSION

FLEA CONTROL; TYPE \_\_\_\_\_

BATH (CHECK ONE)

ROUTINE

MEDICATED; TYPE \_\_\_\_\_

SPAYED/NEUTERED

**I AUTHORIZE MY PET TO HAVE SUPERVISED PLAYTIME WITH OTHER PETS**

YES

NO

**TERMS AND CONDITIONS:**

- All pets entering the hospital must be current on vaccines and free of internal/external parasites (i.e. fleas, ticks, mites, worms etc..) or they will be treated upon admission.
- If tranquilization is necessary for the treatment, handling or disruptive behavior of a boarding pet, medication will be administered at the doctor's discretion.

I authorize Twin Lakes Veterinary Hospital to provide **ANY** necessary veterinary services for the well being of my pet should an emergency or medical problem arise while in the hospital. I understand that I will assume financial responsibility for all services provided. Pets will be released during regular office hours only. There is no charge for the day of release if picked up before 12 noon. The hospital is not responsible for any lost or damaged items left with your pet. I also understand that Twin Lakes Veterinary Hospital exercises all reasonable precautions against illness, injury or escaped and I will not hold Twin Lakes Veterinary Hospital liable or responsible for the care, treatment or safe-keeping of my pet.

Signature: \_\_\_\_\_

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