

**COMPANION PET CLINIC of BEAVERTON
BOARDING ADMISSION FORM**

Owner's Name _____ Patients Name _____ Date _____

Species _____ Breed _____ Age _____ Sex _____

Phone number where you can be reached while boarding _____

Pickup Date _____ Authorized visitors, if any _____

Name/Phone number of person(s) authorized to make decisions for your pet in the event of an
EMERGENCY _____

PRE-ADMISSION CHECKLIST:

Are pet's vaccinations current? _____ Our requirements for boarding are as follows:

(Dog) DHLPP _____

(Cat) FVRCP-C _____

(Dog) Corona _____

(Cat) FeLV _____

(Dog) Bordetella _____

(Cat) Rabies _____

(Dog) Rabies _____

Along with having current vaccinations we require all boarding pets to be flea-free. If your pet is found to have fleas while boarding he/she will be treated with Capstar. The fee for this treatment is \$7.62 for pets under 25 lbs. and \$9.28 for pets over 25 lbs.

Owner's Initials _____

Do we have your current address and home/work/cell phone number? _____

Does your pet have any habits we should know about? _____

Does anything upset or anger your pet? _____

Does your pet have special dietary needs? If yes, please explain: _____

How much and how often do you feed your pet? _____

Are there any procedures you need to have performed while your pet is boarding here?

Spay _____

Fecal _____

Flea treatment Applied _____

Declaw _____

General Exam _____

Vaccinations (See list) _____

Dental _____

De-Worming _____

Other (explain) _____

In case of an emergency, I authorize Companion Pet Clinic of Beaverton to perform such diagnostic, therapeutic, or surgical procedures as are in their opinion necessary and advisable for the treatment and maintenance of my pet's health and well being. I realize that I will need to pay any fees due when my pet is discharged.

Owner/Agent Signature _____ Staff Initials _____

Belongings with pet (describe) _____