

# BOARDING

## CLIENT INFORMATION

Name:  
Address:  
City:  
State:  
Postal Code:  
Phone #:

Name  
Species  
Breed:  
Sex:  
Color:  
Birthdate/Age  
Weight

## PATIENT INFORMATION

**DR. ASSIGNED TO THIS CLIENT:** \_\_\_\_\_

**ARRIVAL DATE:**

**DEPARTURE DATE:**

### GROOMING

**Yes/No**

BATH  
FLEA TREATMENT  
NAIL TRIM  
EAR CLEANING

### DIETS

**Yes/No**

MAINTENANCE  
OWN  
**Brush Teeth \$4 per day**  
**Microchip**

### BELONGINGS

**Yes/No**

LEASH  
COLLAR  
TOYS  
BLANKET

**ADDITIONAL SERVICES** that I would like to have performed on my pet while it is boarding (at an additional charge):  
\_\_\_\_\_  
\_\_\_\_\_

**VACCINATION POLICY:** To ensure the protection of all pets under our care, written proof of the following vaccinations must be presented. If the status is not current, the vaccines will be administered at the owner's expense **(including an examination fee.)** \_\_\_\_\_ **initials**

VACCINE	CANINE		FELINE/FERRET/RABBIT	
	CURRENT	REQUIRE D	STATUS	CURRE NT REQUIRED
DHPP			FVRCP	
RABIES			RABIES	
BORDATEL			FELV	
LA			(Recommended)	

**VACCINATIONS**

**DUE DATE**

**MEDICATION ADMINISTERED: (extra daily charge) and Other Instructions:**

- **PLEASE TAKE ALL LEASHES AND CHOKE CHAINS AND COLLARS WITH YOU.**
- **WE ARE NOT RESPONSIBLE FOR LOST OR DAMAGED ITEMS**
- All animals entering with fleas or ticks will be treated at owner's expense. An additional daily charge will be rendered for animals not picked up.

In the event my pet becomes ill, I authorize Lynnwood Veterinary Center to render any medical care which is deemed necessary. I assume full financial responsibility for all charges incurred. **Payment is required when pet is released.**

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**OWNER'S SIGNATURE**

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**EMERGENCY CONTACT**

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**CSR WHO ADMITTED THIS PET**

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**EMERGENCY PHONE NUMBER**