Boarding Admission Form

File #:	Patie	nt Name:	Owner:	
Board from: _	Su M T W	To:	Su M T W Th F S	y pick-up available.
Canine:	Small	Medium	Large Run	
Feline:	Single	Double	*our feline boarding area is separate	from the dog kennel
We supply dry and canned food, bedding, dishes, and litter pans. You may bring the food of your choice. Prescription diets must be supplied or purchased. All dogs are walked outside three times daily. If you do not want your dog walked, please initial here:			Please list any property left with your pet: (all property should be clearly marked with your name) Food: Bedding: Carrier: Collars, leashes: Toys, bones:	
			Other:	
cost of the tre	atments will be	added to the total		erinary Hospital determines, and the
			ital my pet also needs:	
Bath	Flea / Tick T		Home Again Implant Toenail tri	
Other:				
designated re Timberline Ve	presentative. In	n the event you o al to perform trea	ne Veterinary Hospital will make reasona annot be reached, you hereby give perm tment as deemed necessary. You will be	ission to the doctor and staff of
Signature:			Date:	
Emergency C	Contact Numbe	er:	Other nur	nber:
Designated R	epresentative: _		Phone nur	mber: