



18110 SE Division St | Portland , OR 97236 |
503.665.1194 | www.timbervet.com

Boarding From _____ to _____ Pet: _____
Owner: _____ Phone #(s) while boarding: _____

Pet Information

Type of food: _____ How much: _____ Once/ Twice Daily

Pet's Belongings: _____

Last meal: _____ Last bathroom break: _____

Medications: _____ SID/BID _____ SID/BID

_____ SID/BID _____ SID/BID

Special instructions: _____

For Your Pet's Health During Stay

Vaccination & Boarding Policy:

To prevent the spread of infectious disease and parasites all boarding patients **MUST** be current on all vaccines and free of internal and external parasites. **Documentation of vaccines is needed.**

If not current or unable to provide proof of vaccines; if any fleas, ticks, worms or other internal or external parasites are seen I give my permission to exam, vaccinate or treat per Doctor's orders in accordance with the above policy.

If your pet chews up his/her bedding it will be removed as a safety measure.

Initials: _____

In case of illness or emergency:

One of the advantages of boarding your pet at a veterinary facility is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency phone number(s) listed above regarding your pet's symptoms; treatment options and estimation of additional costs. **If no one can be reached, however, please indicate your wishes below:**

- Please perform whatever services the doctor deems necessary for the best care of my pet, until someone is reached.
- I authorize up to \$ _____ in medical care until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

Owner's Signature: _____ Date: _____