

Dr. Robert Merrill
Dr. Christina Rains
Dr. Mark Schlimgen
Dr. Courtney Woodside
Dr. Leticia Wustenberg



15970 SW Tualatin-Sherwood Road · Sherwood, OR 97140 · (503) 625-5664 · SherwoodFamilyPetClinic.com

Boarding Release Form

Client's Name _____ **Pet's Name** _____

Boarding arrival date _____ and departure date _____ Pick-up time _____

Emergency Contact Numbers _____

_____ Please Contact me directly to make decisions before treatment can be administered.

_____ I authorize _____ to make any medical or financial decisions about my pet during their stay. They can be reached at _____.

Personal Care

Food Type _____ (If food not provided, we will feed Royal Canin Young Adult)

Feeding Frequency _____ Amount fed per meal _____

Personal items left with your pet _____

For multiple pets from the same family, would you like them housed together? YES NO

Veterinarian Signature for co-housing _____

Please list any other special instructions for your pet's care

Medical Care

Please list your pet's medical conditions if applicable My pet is healthy

Please list your pet's medications if applicable

Medication Type	Dosage	Frequency	Next Dose Due	Refill needed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overnight care at SFPC is unsupervised at times outside of normal business hours. Sun- and Holiday care consists of multiple visits by trained staff members. All other hours on Sundays and Holidays are unsupervised.

For safety reasons, no continuous IV fluids are given during hours where there is no direct supervision.

I certify that I own the above animal, or am responsible for it, and I hereby consent and authorize the Sherwood Family Pet Clinic veterinarians and staff to board my animal. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape. I certify that I am the responsible party for the above animal and assume all financial responsibility.

Signature _____ **Date** _____