



Sherwood Family Pet Clinic – 20900 SW Olds Place Sherwood, OR 97140 – (503) 625-5664

Dr. Robert Merrill, Dr. Courtney Woodside, Dr. Mark Schlimgen, Dr. Leticia Wustenberg, Dr. Christina Sitton, Dr. Kaitlyn Rudie

### Boarding Form

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_

Boarding Arrival Date \_\_\_\_\_ Pick Up Date \_\_\_\_\_

Number (s) where you can be reached and/or emergency numbers in case you are unreachable:

**Clinic Policy:** If your pet is unvaccinated or overdue for vaccines, we will immunize or reschedule the appointment to prevent intra-hospital infection. If your pet cannot receive vaccinations due to health reasons, your pet will be housed in our isolation ward for their protection and for the protection of other pets in the hospital. **There will be a charge for any pet housed in isolation.**

If fleas or flea droppings are found on your pet, we will treat with an appropriate flea medication. **There will be a charge for administered flea medications.**

\_\_\_\_\_ **Please contact me directly to make decisions before treatment can be administered.**

\_\_\_\_\_ **I authorize \_\_\_\_\_ to make any medical or financial decisions about during their stay. They can be reached at \_\_\_\_\_.**

#### Personal Care:

Food Type \_\_\_\_\_ . (If food is not provided, we will feed your pet a diet in clinic. There may be a charge for this.)

Feeding Frequency and amount fed per meal \_\_\_\_\_

Personal items left with your pet \_\_\_\_\_

For multiple pets from the same family, would you like them housed together (if it is possible and safe to do so)? \_\_\_\_\_

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

#### Medical Care:

Please list your pet's medical conditions if applicable \_\_\_\_\_

Please list your pet's medications if applicable

Medication Type \_\_\_\_\_ Medication Type \_\_\_\_\_ Medication Type \_\_\_\_\_

Dosage Frequency \_\_\_\_\_ Dosage Frequency \_\_\_\_\_ Dosage Frequency \_\_\_\_\_

Next Dose Due \_\_\_\_\_ Next Dose Due \_\_\_\_\_ Next Dose Due \_\_\_\_\_

Do you need a refill of your pet's medication (s)? If yes, please list what you need refilled \_\_\_\_\_

Overnight care at SFPC is unsupervised at times outside of normal business hours. For safety reasons, no continuous IV fluids are given during hours where pets are not under 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 medicate, treat and hospitalize my animal. I have been advised as to the nature of the procedures or operations and the risks involved and have had the opportunity to have any questions answered. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape and that risks and probabilities of complications exist in any surgery, anesthesia or medical treatment. I certify that I am the responsible party for the above animal and assume all financial responsibility. **PAYMENT IS DUE IN FULL AT TIME OF PATIENT DISCHARGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_