

1601 Woods Rd. S.E.
 Port Orchard, WA 98366
 (360) 871-3335
 www.WoodsideAnimalHospital.com



AUTHORIZATION FOR PET BOARDING

What is the best way to contact you?	PET'S NAME:	YOUR NAME:
BEST PHONE #:	SPECIES : Feline Canine	ADDRESS:
	BREED :	
	COLOR :	
SECOND PHONE #:	BIRTHDATE or AGE:	Client ID (To be completed by staff):
	SEX :	

- I authorize Woodside Animal Hospital to take photographs of my pet for training/educational purposes.
- I would like Woodside Animal Hospital to send me an update via text message regarding the status of my pet.
(This is an outgoing text only, please do not return text or call the number). Phone # to send pictures to: _____

Diet and Feeding Instructions	
BRAND (Diet Name):	
Is this a special diet (i.e. medical purposes, raw diet, etc.) ? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your pet been fed today? <input type="checkbox"/> A.M <input type="checkbox"/> P.M	
Instructions:	
MEDICATION(S):	
MEDICATION/TREATMENT PER DAY: \$ _____	
(If you require us to give your pet medications, we ask that you bring it in the original packaging for safety purposes)	
Name(s):	
Instructions:	Has your pet been given their medications today?
	Time administered: A.M P.M.
Are you leaving any personal items?	

CHECK IN DATE: _____

ADDITIONAL SERVICES AVAILABLE WHILE BOARDING:

EST CHECK OUT DATE: _____

Toe Nail Trim: YES___ NO___

Please call us if you need to extend your pet's stay while they are here or if you wish to pick them up earlier than planned.

Anal Sacs: YES___ NO___

We do require that all pets be properly vaccinated while boarding. If your pet is not currently up to date, we kindly ask that your schedule an exam one (1) week prior to boarding your pet(s).

****IF YOUR ANIMAL BECOMES ILL FOR ANY REASON, WE WILL ADMINISTER NECESSARY MEDICAL CARE AS GUIDED BY OUR DISCRETION AND JUDGEMENT TO BE IN THE PET'S BEST INTEREST. WE MAY ALSO ADMINISTER MILD SEDATIVES FOR PETS WHO EXHIBIT SIGNS OF SEVERE ANXIETY. WE WILL DO OUR BEST TO CONTACT YOU PRIOR TO ADMINISTERING MEDICATIONS. PAYMENTS ASSOCIATED WITH MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATIONS ARE EXPECTED AT TIME OF PICK-UP, WHETHER PLANNED OR OTHERWISE. ****

We are a flea-free facility. Your pet will be inspected for fleas upon arrival.

If evidence of flea infestation, we will treat your animal with flea medication at your expense. The fee will range from \$10 to \$25.

All pets boarded with us are done so without liability for loss or damage from disease including but not limited to upper respiratory infections, enteric disease, other infectious or non infectious diseases, theft, fire, loss and death. This does not absolve Woodside or its employees from the need to practice sound judgment and reasonable care to protect all animals from harm and disease.

THE UNDERSIGNED AGREES TO ASSUME TOTAL RESPONSIBILITY FOR AND PROMPTLY PAY ANY AND ALL EXPENSES.

Signature of owner or agent: _____ Date: _____