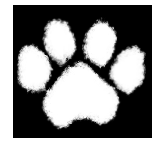


Town and Country Animal Hospital
12515 SE Division St
Portland, OR 97236
(503) 761-2330 Fax (503) 761-9073



Boarding Admission Form

All pets entering the hospital must be current on vaccinations and be free from any infectious diseases. Vaccinations will be made current, infectious diseases, internal and external parasites (Fleas), and medical problems which may develop will be treated at the owner's expense. A daily fee will be charged if any medication is needed.

Owner: _____

Phone #: _____

Email: _____

Pet: _____

Pets Age: ____ / ____ Sex: M M/N F F/S

Breed: _____

Color: _____

Date in: _____

Date to be picked up: _____

Emergency contact name and phone number: _____

(The emergency contact number will only be used if we are unable to reach the owner)

Person(s) authorized to pick up your pets: _____

Our boarding facility does not have round-the-clock medical monitoring for boarded animals. Town and Country Animal Hospital cannot be held liable if the boarding animal(s) listed have medical problems after normal clinic hours. Boarding animals are monitored during all regular clinic hours, Sunday mornings and afternoons. We do not provide 24-hour monitoring. Every effort is made to assess the well being of your pet(s) while boarding, but unforeseen conditions may occur.

Emergency Treatment Authorization

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors at Town and Country Animal Hospital to treat, prescribe for or operate on my pet(s) while he/she is being boarded at the Town and Country Animal Hospital, or transport my pet(s) to the veterinarian of my choice, should it be necessary. In case of an emergency, all attempts will be made to contact the owner or emergency contact provided by the owner. However, if the staff at Town and Country Animal Hospital are unable to reach the owner or emergency contact, treatment will be done at the discretion of the attending veterinarian.

The staff at Town and Country Animal Hospital are to use all reasonable precautions against illness, injury or escape of my pet, but they will not be held liable or responsible for such circumstances.

Should the circumstance arise that my pet remains unclaimed after the date that I have stated as the pick-up date, I understand that written notice will be mailed to my address. Seven days after such written notice, the pet will be considered abandoned. It is further understood that such action will not relieve me from paying all costs incurred for services rendered including those related to fee collection.

I have read the above and agree.

Signature of Owner / Representative of Owner

Contact #

Date

PLEASE SEE OTHER SIDE → → →

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Boarding Information

Please fill out the following information: *this information will help us provide exceptional care for your animal companion.*

My pet: Is current on exam/vaccinations Is not current on exam/vaccinations

I understand that my pet is required to be current on vaccines and give permission to Town and Country Animal Hospital to update (vaccines, exam or fecal), if not current, while they are here for boarding.

Owner's signature: _____

If patient records are unavailable at the time of admission for boarding and later patient is found to be overdue for required vaccines or fecal exam, we will bring your pet current at the owner's expense. **Owner's signature:** _____

Have you applied or given any flea medication in the last 3 weeks? Yes Date given: _____ or No

Diet to be fed: _____ How many times a day? 1x 2x 3x
(We are happy to feed your pet Royal Canin GI Low Fat at no additional cost, or you may bring your pet's diet from home)

Amount per meal _____ Time of day normally fed: AM NOON PM

Treats left here: _____ How many times a day? 1x 2x 3x

Items left with your pet(s): (ie: Blankets, toys) _____

List any allergies (food or medication): _____

Medications: Please list your pet(s) current medications below

(a daily fee will be charged for giving medications)

Medication Name: _____ Dose: (eg: 1 pill, 1/2 pill) _____

Frequency: _____ Time of day normally given? AM _____ PM _____

Medication Name: _____ Dose: (eg: 1 pill, 1/2 pill) _____

Frequency: _____ Time of day normally given? AM _____ PM _____