



11828 Slater Ave NE Suite 100
 Kirkland, WA 98034
 Phone (425) 823-6762
 Fax (425) 814-8421

Boarding Agreement

Owner Name:			
Arrival Date:	Arrival Time:	Departure Date:	Departure Time:
Owner Phone:		Owner Email:	
Emergency Contact:		Emergency Contact Phone:	

If someone other than authorized/emergency contacts are picking up, please provide us their contact information

Boarder's Name	Species	Gender	Date of Birth	Entry Weight

Please check any additional services you would like to add to your pet's stay with us:				
<input type="radio"/> Exam	<input type="radio"/> Parasite Preventatives	<input type="radio"/> Nail Trim	<input type="radio"/> Anal Glands	<input type="radio"/> Bath

Your Pet's History	
Any health concerns? If yes, list what and how long. <i>Health concerns listed or observed by staff may result in a veterinary examination and treatment.</i>	
Any coughing, sneezing, vomiting, diarrhea? If yes, how long?	
How are your pet's eating, drinking, and bathroom habits?	
How is your pet's activity level?	
Cats - indoor or outdoor?	
Dogs - parks, daycare, or recent travel history?	

Feeding Instructions	
<input type="radio"/> Own Food <input type="radio"/> In House Food Amount: Frequency: <input type="radio"/> once-a-day <input type="radio"/> twice-a-day	
What do you feed your pet? <input type="radio"/> Treats <input type="radio"/> People food <input type="radio"/> Dietary restrictions:	

Medications/Supplements					
<i>Medications will be administered as clinic hours allow. We are unable to administer medication on a strict 8- or 12-hour schedule.</i>					
Any known allergies?					
	Name	Dosage	Frequency/Time	With/Without Food	Last Received
1					
2					
3					
4					
5					

Belongings	
Include identifying details & label each item <i>(please note: we are not responsible for lost or damaged items)</i>	
1	
2	
3	
4	
5	

We are not a 24-hour facility and do not have overnight attending staff. If your pet becomes ill, we will make every effort to reach you at the above contact information. In the event that you can not be reached, we will treat your pet as we deem necessary at normal hospital fees. Should the above listed pet not be picked up on the date specified, notice will be given to the responsible party. If the pet is not picked up within fifteen days of notice, the animal will be considered abandoned. The pet will also be considered abandoned if the responsible party refuses to pay incurred charges for the boarding, treatment, or care of pets left at the Critter Doctor Animal Hospital. In case of abandonment, the pet will be surrendered to the appropriate authorities.

I have read and understand this authorization. I verify that all the information listed above is complete and accurate.

Owner Signature: _____ Date: _____