



128 Rainier Ave. S.  
Renton, Wa 98057  
425-255-8676

## Boarding Information Form

### Office Use Only

Checked in by \_\_\_\_\_  
Discharged by \_\_\_\_\_

Client ID: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Patient ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Weight \_\_\_\_\_

Telephone: \_\_\_\_\_

Vaccines ok? DHPP  Corona  Bordetella  FVRCP  FELV  Rabies

\*Emergency Contact Person \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\*Date & Time of pick up: \_\_\_\_\_

\*Pet eats:  Own food  Hospital brand (Eukanuba) Amount: \_\_\_\_\_  
Frequency:  Once daily  Twice daily  All the time

Toys or belongings:   Describe: \_\_\_\_\_

Pet is on medication:   Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_  
(additional fee charged for giving medications) Last dose given \_\_\_\_\_

What is the last date of: Flea treatment \_\_\_\_\_ Deworming \_\_\_\_\_

Any allergies or reactions?   If so, describe: \_\_\_\_\_

Does your pet have any current, previous, or ongoing medical problems?   If not, describe: \_\_\_\_\_

### Services requested :

- Physical exam Describe concerns: \_\_\_\_\_
- Flea treatment (Frontline application)  Toe Nail Clip  Fecal Parasite exam
- Grooming bath  Dentistry (requires anesthetic)
- Other services Describe: \_\_\_\_\_

**All pets for boarding must be current on all required vaccines and free of internal and external parasites or they will be treated at the owner's expense. A current internal parasite (1 year) is required.** A cleaning bath may be given for a small fee, if the pet happens to soil itself while boarding. In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of RENTON VETERINARY HOSPITAL to treat, prescribe for, or operate on my pet while being boarded at the hospital as necessary and desirable in the exercise of the veterinarian's professional judgment. You are to use all reasonable precautions against illness, injury, or escape, but you will not be held liable or responsible on account of the care treatment, or safe keep of my pet.

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

\*Required Information