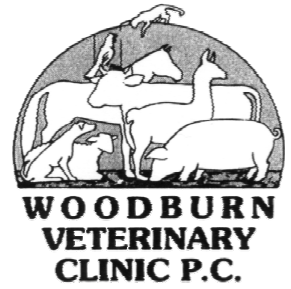


AUTHORIZATION & CONSENT FOR BOARDING

225 S Pacific Hwy Woodburn, OR 97071
(503) 982-2421



Thank you for giving us the opportunity to care for your pet.

Help us meet your needs by completing the important information below. **PLEASE PRINT**

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Cell Phone () _____ Emergency Phone () _____
E-mail _____

Boarding Dates: _____ to _____

- I am the owner or agent for the above described animal and have the authority to consent to boarding. I understand that during boarding, unforeseen conditions may be encountered that necessitates medical treatments. I hereby consent and authorize the performance of such treatments as necessary and desirable in the exercise of our veterinarian's professional judgment.
- For your pet's protection, all vaccinations must be current, and will be given if needed. The vaccinations required for dogs are DHLPPC, Rabies and Bordetella. The vaccinations required for cats are FVR-CP and Feline Rabies.
- Although we try to control exposure to fleas, it is difficult for us to completely eliminate fleas in the environment of our facility. Since so many animals come in and out of our doors daily, we require a flea treatment on your pet when checking in if it is not currently on a monthly treatment program.
- Please indicate any additional services requested during your pet's stay:

_____ Examination _____ Flea Treatment _____ Bath
_____ Microchip _____ Heartworm test _____ Anal sac expression
_____ Fecal test for parasites _____ Nail Trim

_____ Vaccinations Needed:

We recommend that you be present for the doctor's examination if DHLPPC or FVRCP is due for your pet, if unable to do so please state any questions you may have for the Veterinarian:

Other instructions:

During your pet's stay with us, it is a good time to focus on routine health procedures. Some may include anesthesia or testing. Please discuss the following procedures with a doctor or technician.

_____ Dental prophylaxis _____ Minor surgical procedures (such as lump removals, etc.)
_____ Senior Wellness screening _____ Drug monitoring blood work for animals on medications
(recommended for 7 plus years)

Thank you for entrusting the Woodburn Veterinary Clinic's Doctors & Staff with the care of your pet during your absence.

Signature of Owner/Agent for Pet(s) _____ Date _____