



CRESTWOOD ANIMAL HOSPITAL
28822 PACIFIC HIGHWAY S.
FEDERAL WAY, WA 98003
253-839-4744

BOARDING AGREEMENT

Please carefully read through and complete the highlighted areas.

<input type="text"/>	<input type="text"/>	
Owner's Name (First & Last)	Pet's Name	
<input type="text"/>	<input type="text"/>	
Street Address	Species (dog or cat) / Breed/ Color	
<input type="text"/>	<input type="text"/>	
City, State, Zip Code	Date of Birth and/or Pet's Age	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home and/or Cell Phone Number(s)	Male or Female	Neutered or Spayed?

DROP OFF DATE

PICK UP DATE

BELONGINGS My pet's belongings are

FEEDING ROUTINE

PLEASE CHECK ONE

Feed clinic diet (Science Diet) ☐ Feed my pets's own diet ☐

I feed my pet cups of dry food and can(s) of wet food times a day.

Special feeding instructions:

**Fresh water will be available for your pet at all times.

FEES – assessed based on patient's last recorded weight

0-25 lbs = \$24.80 26-50 lbs = \$27.50 51-100 lbs = \$31.50 100 + lbs = \$34.00

Since the kennel is reserved all day for your pet, we must charge for the day of drop-off. If your pet is picked up before 12 o'clock PM, you will not be charged for the day of pick up. If your pet is currently taking medication(s) the following fees will apply:

- The fee to administer medication(s) is **\$12.20** per day.
- The fee to administer insulin is **\$20.40** per day.

MEDICATION(S)

Please list your pet's medication name(s), and instruction(s) and indicate when next dose is due to be given:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

RANDALL L. NORSTREM, D.V.M.



CRESTWOOD ANIMAL HOSPITAL
28822 PACIFIC HIGHWAY S.
FEDERAL WAY, WA 98003
253-839-4744

TREATMENT REQUEST & CONSENT

While my pet is boarded please provide the following medical services (ie: Annual Examination, Vaccinations, Nail Trim, Dental Cleaning, etc.) _____

EMERGENCY MEDICAL TREATMENT CONSENT

In the event of illness, Crestwood Animal Hospital will contact you as soon as possible.

I, _____ accept all financial responsibility for treatments deemed
Owner Name

medically necessary by the doctor.

I grant permission for immediate treatment of my pet

_____ (initial)

Please contact me prior to treatment of my pet

_____ (initial)

FLEA TREATMENT DISCLAIMER

In order to protect our patients, if your pet is found to have fleas a flea treatment will be applied and the fee will be charged to your pet's account. _____ (initial)

By signing below, you agree you have read and understand the above detailed information including the fees pertaining to your pet's boarding stay with Crestwood Animal Hospital.

SIGNATURE _____

DATE _____

EMERGENCY CONTACT

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

RANDALL L. NORSTREM, D.V.M.