

Twin Pines Veterinary Clinic Kennels

Boarding Admission Form

102 Industrial Road, Hinckley, MN 55037

320-384-7004

Client Name: _____ Phone Number: _____

Address: _____ Cell Phone: _____

City: _____ Other Contact: _____

State: _____ Zip Code: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Boarder Info:

Name: _____ Age: _____ Breed: _____ Color: _____ Altered/Intact

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Name: _____ Age: _____ Breed: _____ Color: _____ Altered/Intact

Arrival Date: _____ Projected Pick-Up Date: _____

Feeding:

Did you bring your own: Y or N Quantity: _____ Times: _____

Treats: _____ (no rawhide, pigs ears or other choking hazards)

Belongings (describe in detail):

Medications: Y or N (\$1.00 per day; Insulin injections \$3.00 per day)

Additional Services: Nail Trim Anal Glands Bath Kuranda Bed Other: _____

Who is your regular Veterinarian/Hospital: _____

If medical problems arise may we contact them? Y or N

May we release your pet to their care? (Owner must arrange transport) Y or N

Do we have permission to provide veterinary care, should the need arise, at regular office fees? Y or N

Maximum amount allowed without further authorization (circle one):

\$100

\$250

\$500

\$1000

Unlimited

Zero, Call First

(We reserve the right to treat life threatening situations.)

Have you authorized anyone else to pick up your pet(s): Y or N

Name: _____ Phone Number: _____

Photo Consent: Do you authorize Twin Pines Veterinary Clinic, PA to use pictures of your pet(s) for clinic brochures, post on Facebook, clinic website or for educational purposes? Y or N , If yes, please read and sign the following:

I, _____ the owner named above, authorize Twin Pines Veterinary Clinic, PA to use pictures of my present pet(s) and all future pets for purposes of clinic brochures, posting on Facebook, clinic website or for educational purposes. I understand that once my consent is given, it remains in effect unless and until I provide written revocation of consent.

Signature: _____ Date: _____