

Twin Pines Veterinary Clinic Kennels

Boarding Admission Form

102 Industrial Road, Hinckley, MN 55037

320-384-7004

Client Information:

Name: _____ Spouse/Significant other: _____

Address: _____ City/State/Zip code: _____

Phone Number: _____ Spouse/Alternate Phone Number: _____

E-mail Address: _____

Pet(s) Information:

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

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Has your pet(s) ever boarded before? Yes or No

If yes, how did they do? _____

Does your pet(s) have any behavior or temperament issues? Yes or No

Food aggression? Yes or No Male aggression? Yes or No

Animal aggression? Yes or No

Anxiety? Yes or No

If they exhibit signs of anxiety, can we treat them? Yes or No

Other, please detail: _____

Does your pet(s) have a tendency to do any of the following?:

Dig Yes or No Escape from enclosed areas Yes or No

If yes, please detail: _____

Are there any areas your pet(s) does not like to be touched? Yes or No

If yes, please detail: _____

Is your pet safe with blankets? Yes or No

Is your pet safe with toys? Yes or No

Can your dog be leashed walked during boarding? Yes or No **(we reserve the right to tighten collars for safety)**

If Boarding Multiple Pets:

Can your pets share a kennel?: Yes or No

Do your pets need to be fed separate from one another? Yes or No

If boarding dogs in separate kennels, can they go outside in the same yard? Yes or No

If no, can they be outside at the same time as each other? Yes or No

Feeding:

Did you bring your own food: Yes or No

If not and we use our food, can we provide probiotics if your pet experiences GI upset? Yes or No

How often does your pet(s) get fed? Please circle the times that apply. Breakfast/AM Lunch Dinner/PM

How much does your pet get per feeding? _____

Does your pet have any food allergies? Yes or No

If yes, please detail: _____

Can your pet(s) have treats? Yes or No

We do not allow any rawhides, pig ears, or other choking hazards.

Medical:

Primary Veterinarian: _____ Clinic Phone Number: _____

If medical problems arise may we contact them? Yes or No

May we release your pet to their care? (Owner must arrange transport) Yes or No

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

Yes or No

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.)

Medications:

There is a charge of \$1.00 per day for any medications, and \$3.00 per day for insulin injections.

Is your pet(s) currently on any medications? Yes or No

Medication Name(s) and Dosage(s): _____

When do medication(s) need to be administered? _____