

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? Y or N

If yes, how did they do? _____

Does your pet(s) have any behavior or temperament issues? Y or N

Food aggression? Y or N

Anxiety? Y or N

Animal aggression? Y or N

Male aggression? Y or N

If they exhibit signs of anxiety, can we treat them? Y or N

Other, please detail: _____

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

Dig Y or N Escape from enclosed areas Y or N

If yes, please detail: _____

Are there any areas your pet(s) does not like to be touched? Y or N

If yes, please detail: _____

Is your pet safe with blankets? Y or N

Is your pet safe with toys? Y or N

Can your dog be leashed walked during boarding? Y or N **(we reserve the right to tighten collars for safety)**

If Boarding Multiple Pets:

Can your pets share a kennel?: Y or N

Do your pets need to be fed separate from one another? Y or N

If boarding dogs in separate kennels, can they go outside in the same yard? Y or N

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

Feeding:

Did you bring your own food: Y or N

If not and we use our food, can we provide probiotics if your pet experiences GI upset? Y or N

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? Y or N

If yes, please detail: _____

Can your pet(s) have treats? Y or N

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? 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.)

Medications:

There is a charge of \$2.00 per day for any medications, and \$3.00 per day for insulin injections.

Is your pet(s) currently on any medications? Y or N

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

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