



Rock Creek Veterinary Hospital
 1445 NW 185th
 Aloha, Oregon 97006
 (503) 645-4458

Boarding Admission Form

Date: _____

Check In Weight: _____

Client ID _____ Patient ID: _____

Client Name _____ Patient Name: _____

Address _____ Species: _____

_____ Breed: _____

_____ Sex: _____

Phone: _____ Color: _____

Email Address: _____ Date of Birth: _____

Important: For the protection of your pet and others here in our hospital, we require that all vaccinations be current. If we do not have the current vaccination status of your pet in our hospital records, you must provide proof of vaccinations before your pet is left here to board. Pets not current will be vaccinated at the owner's expense.

- We reserve the right to deny boarding rights to any animal(s) that are excessively noisy, destructive, or messy. We keep pets in the largest cages available but our hospitalized patients get first priority.
- Dogs boarding in our hospital will receive food and water daily, fresh blankets or towels for sleeping, and a walk, on leash, 2 to 3 times or more per day in our fenced yard. Cats will receive the same care but will not be walked or let out of their individual cages. They will also receive fresh litter trays as needed.
- Birds & Exotics must have their own cages, food and supplies.
- If you prefer your pet to be fed his/her regular diet you may supply their food
- Because of our concerns for disease control, every cage and all the contents are cleaned daily.
- **We cannot accept personal items for your pet such as blankets, beds, toys etc.**

As you might expect, the health of your pet is extremely important to us. If there are health problems while your pet is in our care we will make every effort to contact you at the number you provide to us. If we are unable to contact you we will provide medical care and treatment to your pet as deemed necessary by the Doctor in charge.

Phone number(s) where you can be reached: _____

Emergency contact name(s) and Phone # (s): _____

Medications, if any, needed while boarding: _____ Dosage: _____ Frequency: _____

Feeding: _____ Hospital Diet _____ Own food How Much? _____ How Often: _____

Going Home - Date: _____ Time: _____

Additional Services? Nail Trim Fecal Test Bath Professional Groom Physical Exam

Vaccinations Home Again Microchip Other: _____

Boarding Charges

Dogs: \$ 27.00 per night

2 dogs boarding together: \$50.00 per night

Cats: \$ 19.00 per night

2 cats boarding together: \$32.00 per night

Birds & Exotics: \$18.00 per night

Partial day boarding: \$ 15.50 per day

Medical Boarding: \$33.00 - \$37.50 per night

Diabetic Boarding: \$37.50 - \$82.50 per night

I understand that all fees are due in full when services are complete and I agree to pay these fees. I also understand that I am responsible for all finance, collections, and attorney fees incurred if I do not pay these charges.

Signature of Owner or authorized Agent: _____