



GLADSTONE VETERINARY CLINIC  
"Healing in Our Hands"

### GLADSTONE VETERINARY CLINIC

18420 SE MCLOUGHLIN BLVD. \* MILWAUKIE, OR 97267  
(503) 653-6621

TANYA TEN BROEKE, DVM \* DEBORAH SHEAFFER, DVM \* DEBORAH WARD, DVM \* CAROL MCDANELD, DVM

#### CANINE BOARDING PERMISSION FORM

Dog's Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

All vaccines must be current, with proof of vaccination from a verifiable source (veterinarian, clinic etc.), or we will administer needed vaccinations upon admission into our boarding facility.

*Dogs are required to have current **DHP-P, Bordetella and Rabies** Vaccines*

Vaccines Due:

Rabies: \_\_\_\_\_

Da2P: \_\_\_\_\_

Parvo: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Vaccines have been verified current by: \_\_\_\_\_ (staff member)

Vaccines to be boosted: \_\_\_\_\_

All vaccines will be given after a healthy animal physical examination is performed by one of our staff veterinarians. (charges will apply)

*This is a flea free facility, **the staff will check your pet for fleas at check-in**, and if fleas are found your pet will be treated using Advantage flea adulticide, I agree to be responsible for the cost of treatment.*

**Checked By Staff Member For Fleas:** \_\_\_\_\_ **Fleas Found:** Yes No

Advantage, size, application site and date applied: \_\_\_\_\_

Admitting Weight: \_\_\_\_\_ Weight at Discharge \_\_\_\_\_

I authorize Gladstone Veterinary Clinic to board my animal during the dates I have indicated:

Admission Date: \_\_\_\_\_ am \_\_\_ pm \_\_\_ Scheduled Discharge Date: \_\_\_\_\_ am \_\_\_ pm \_\_\_

In the event of undue stress for your pet while boarding, Gladstone Veterinary Clinic and its doctors reserves the right to evaluate your pet's condition, prescribe and administer sedating medication to maintain your pet's comfort. We will make every effort to contact you to discuss your pet's needs. If you have any concerns, please address these with the veterinarian. There is a charge for the evaluation and medication if needed.

In the case of an emergency or accident, Gladstone Veterinary Clinic has my permission to administer emergency treatment until I can be contacted (or my authorized agent) to authorize further treatment. In the event my authorized agent or I cannot be contacted, the doctors at Gladstone Veterinary Clinic will administer treatment deemed necessary for the health, safety and well being of my pet while under the care and supervision of Gladstone Veterinary Clinic.

Phone number where owner can be reached: \_\_\_\_\_

Authorized agent for owner, number where can be reached: \_\_\_\_\_

I hereby authorize Gladstone Veterinary Clinic as my authorized agent to determine necessary treatment \_\_\_\_\_

Signature, Owner/Agent \_\_\_\_\_

**NO DOGS WILL BE DISCHARGED WITHOUT FULL PAYMENT**

**THANK YOU FOR GIVING US THIS OPPORTUNITY TO CARE FOR YOUR PET!**