



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

FELINE BOARDING ADMISSION FORM

Cat's Name: _____ Admission Date: _____

Client Name: _____ Client ID: _____

All vaccines must be current, we accept copies of medical records/vaccine and Rabies certificates (as proof of current vaccines), or we will administer needed vaccinations upon admission into our boarding facility.

*Cats are required to have current **FVRCPC** and **Rabies** vaccines.*

Vaccines Due (staff will complete)

Rabies: _____

FVCR: _____

Panleuk: _____

FeLV: _____

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 at your expense.***

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 that your pet exhibits undue stress behavior while boarding, Gladstone Veterinary Clinic and its doctors reserve 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 at my expense, until I (or my authorized agent) can be contacted 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 cat while under the care and supervision of Gladstone Veterinary Clinic.

Contact phone number for owner:: _____

Contact name & phone number for owner's authorized agent: _____

I hereby authorize Gladstone Veterinary Clinic as my authorized agent to determine necessary treatment: _____

Signature, Owner/Agent _____

NO CATS WILL BE DISCHARGED WITHOUT FULL PAYMENT

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