



Pet Care Center At Luna Park

Phone: 206-935-3600 Fax:206-933-8457
2950 SW Avalon Way, Seattle, WA 98126

petcarecenteratlunapark@gmail.com

www.petcarecenteratlunapark.com

Boarding Release Form

Client Information:

Client name: _____

Address: _____

In case of an emergency, will you be reachable? Yes No

Phone: _____ Emergency secondary phone number: _____

Email: _____

Emergency contact: Name: _____ Relation: _____ Phone#: _____

***Golden Years: If your pet is a senior or has a chronic disease and needs medical attention, do you authorize Pet Care Center to treat at the discretion of a veterinarian?** Yes No DNR

REQUIREMENTS FOR BOARDING

1. All animals must be current on an annual exam, vaccinations and must have a negative fecal test within the last year.
2. All animals must be on a flea preventative and free of external parasites (ex. ticks, fleas, etc.) Isolation boarding charges apply if your pet has internal/external parasites. Additional \$10/night.
3. Pet Care Center At Luna Park has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Pet Care Center, PLLC has my permission to administer such medication.
5. Pets should be picked up before 1 PM or a *late check out* fee of \$15.00 will be added.
6. If your pet(s) is/are to be picked up by someone other than the owner, arrangements must be made in advance regarding the charges - **we cannot hold credit card numbers for payment in chart.**
7. Pet Care Center is closed on Sundays and the following Holidays:
 - Christmas Eve, Christmas Day, New Year's Eve (1/2 day), New Year's Day, Labor Day, Memorial Day, Independence Day, Thanksgiving Day.

Non-business hours: We have staff members to attend to boarding pets' needs twice a day. In the event that the pet will need medical testing, x-rays, additional medications and/or treatments all attempts will be made to first contact the owner. If, in the absence of the owner the pet(s) should be injured, become ill, suffer an ailment or is otherwise deemed by Pet Care Center to require immediate medical attention, treatment will be provided at the discretion of the veterinarian. All services are at the expense of the owner.

In the case of an emergency in which we feel that the patient needs to be under 24 hour care we will first attempt to contact the owner of the pet and then the emergency contact. The emergency contact will act as first means of transport. In the event that we cannot reach emergency contact, our staff will transport the patient for a fee of \$100 to the nearest 24-hour emergency hospital. All cost incurred at the emergency hospital are the responsibility of the owner. Patient will not be released to owner until services are paid in full.

Abandonment: Please notify us if there is a change of plans in your pet's scheduled release date. If you do not notify us of a change in your pet's departure date and we are unable to contact you or your authorized agent for a period of 15 days after your pet's scheduled release date, the hospital will consider your pet abandoned. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the hospital as a result of the abandonment.

I have read the boarding requirements and understand the hospital's policies.

Name: _____ Signature: _____ Date: _____



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Patient information:

Patient Name _____ Patient ID: _____
Species: _____ Breed: _____
Sex: _____ Age: _____
Color/Markings: _____ Weight _____ lbs.
Annual Exam Date _____
Vaccinations Due: ___ Canine Rabies: _____ DAP: _____ Bord: _____
Vaccinations Due: ___ Feline Rabies: _____ FVRCP: _____
Fecal Date: _____ Fecal Result: _____
Flea Preventative Type: _____ Last Applied: _____

_____(Initial) I being the legal owner or legal agent of the owner, **have not given** any flea control to my pet and authorize Pet Care Center to administer a single dose of flea control at my expense.

Admission Date: _____

Discharge Date: _____

*Check-Out time is 1pm. \$15 late fee will apply if checking out after 1pm.

Personal items:

Bedding: Description: _____
 Leash/Collar: Description _____
 Toys: How many: _____ Description _____

Additional items: _____

Care Instruction:

Feeding: Food provided by owner: Type of food _____

Feeding instructions: _____ cups _____ times/day; _____ can _____ times/day

Additional Notes: _____

Food provided by Pet Care Center:
Does your pet prefer: Kibble, Canned, Both
(\$2.00 per can fee) *No charge for kibble



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Medications: (\$10.00 daily medication administration fee)

Is your pet currently on any medications? Yes No

Name of Medication _____ Strength of Medication: _____

Last administered: Date: _____ Time: _____

Instructions: _____

Name of Medication _____ Strength of Medication: _____

Last administered: Date: _____ Time: _____

Instructions: _____

Name of Medication _____ Strength of Medication: _____

Last administered: Date: _____ Time: _____

Instructions: _____

Additional Medications? Yes No (Write additional medications on the back of this paper)

Other Services:

Would you like your pet to have an additional walk around the neighborhood? _____

YES (\$20.00/walk per pet) #walks _____

NO

Walking Release (Dogs Only)

I being the legal Owner or legal agent of owner do hereby consent/authorize for my pet to be walked by a Pet Care Center Staff Member. I release Pet Care Center and its employees from any/all liability in the event of injury/death to my pet(s) and/or personal/property damaged caused by my pet during his/her stay. I will assume all responsibility for any charges incurred while in the care of Pet Care Center Staff. Walks are usually done M-F either early morning or late afternoon, weather permitting.

_____ (initial)

YES, I would like a toe nail trim (\$18-\$27 dependent on species and nature of pet)

YES, I would like anal sacs expressed **\$18.00**

YES, I would like the ears cleaned **\$25.00**

YES, I want a doctor to examine my pet **\$57.00**

Concern: _____

Other: _____