

**REDWOOD PET CLINIC  
BOARDING DROP-OFF FORM**

Name : \_\_\_\_\_ Pet's Name : \_\_\_\_\_

Date : \_\_\_\_\_ Pick up Date & Time : \_\_\_\_\_

1. Please leave us a phone number(s) where you can be reached and/or the name and number of another person who will be responsible for making decisions regarding your pet. Leave as many numbers as you like  
\_\_\_\_\_
2. Did you bring your pet's food? If so, how much and how often? If not, what kind of food (dry or canned) does he/she eat and how often? \_\_\_\_\_
3. Is your pet taking prescription or over-the-counter medications? If so, what is it and how often? \_\_\_\_\_  
Did you bring it with you? Yes or No (circle one) If not we will fill a prescription so that they can continue their medication(s).
4. Is your pet vomiting, having diarrhea, coughing, sneezing, feeling lethargic or not eating? \_\_\_\_\_
5. If so, please describe the frequency of the problem and when it began. \_\_\_\_\_  
\_\_\_\_\_
6. Please list any questions/concerns you have or procedures you are interested in while your pet is here (ie. Nail trim, vaccines, snap test, dental cleaning, grooming). \_\_\_\_\_  
\_\_\_\_\_
7. If needed, do you authorize diagnostics or treatment (ie. Special diet, lab work) as deemed necessary by your veterinarian? \_\_\_\_\_  
If not, we must be able to reach you or your representative at the above phone numbers in case of emergency.
8. Did you leave any personal items with your pet today? If so please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please understand that during the course of your pet's stay with us unforeseen conditions may arise that necessitate medical attention from our staff. If we are unable to reach you or your representative at any of the above numbers provided your signature here authorizes the performance of such procedures as are deemed necessary by the veterinarian's professional judgment.

Veterinary service during nighttime hours, some daytime hours and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. (California Code of Regulations Title 16 Section 2030).

**All accounts are to be paid in full at time of pick up. If you, the owner are not the one picking up your pet, do you authorize someone to do so? Name : \_\_\_\_\_**  
**If this person is not financially responsible for your pet, please arrange for payment ahead of time.**  
**Thank you.**  
**Pets being picked up AFTER 12:00pm will be charged an additional day for boarding.**

\_\_\_\_\_  
**Signature of Owner or Authorized Representative**