



CRESTWOOD ANIMAL HOSPITAL
28822 PACIFIC HIGHWAY S.
FEDERAL WAY, WA 98003
253-839-4744

Date _____

Owner Name _____ Pet Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

DROP OFF _____ **PICK UP** _____

BELONGINGS

My pet's belongings are: _____

FEEDING ROUTINE

PLEASE CHECK ONE **Fresh water will be available for your pet at all times.

Feed clinic diet (Science Diet) _____ Feed my pet's own diet _____

I feed my pet _____ cups of dry food and _____ can(s) of wet food _____ times a day.

Special feeding instructions: _____

FEES – assessed based on patient's weight

Felines: \$33.00

Canine: 0-25 lbs = \$34.00 26-50 lbs = \$38.00 51-100 lbs = \$44.00 100 + lbs = \$47.00

Since the kennel is reserved all day for your pet, we must charge for the day of drop-off. If your pet is picked up before 12 noon you will not be charged for the day of pick up.

If your pet is currently taking medication the following fees will apply:

- The fee to administer medication(s) is **\$13.80** per day.
- The fee to administer insulin is **\$23.00** per day.

I understand the boarding fees and pick up times

_____ (initial)

My pet's current medications and instructions. Please indicate when next dose is due:

RANDALL L. NORSTREM, D.V.M.



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TREATMENT REQUEST & CONSENT

While my pet is boarded please provide the following services: _____

In the event of illness, Crestwood Animal Hospital will contact you as soon as possible. I accept all financial responsibility for all treatments deemed necessary by the doctor.

I grant permission for immediate treatment of my pet _____ (initial)

Please contact me prior to treatment of my pet _____ (initial)

FLEA TREATMENT DISCLAIMER

In order to protect our patients, if your pet is found to have fleas your pet will be treated for fleas and the fee will be charged to your account. _____ (initial)

SIGNATURE _____ **DATE** _____

EMERGENCY CONTACT

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____