

WOODBURN PET HOSPITAL
 985 Evergreen Road Woodburn, OR 97071(503) 981-4622
 Dr. Patrick L. Paradis, DVM
 Dr. Jennifer Stoffer, DVM

Admission Date: _____ Discharge Date: _____
 Weight: _____

CANINE BOARDING FEE SCHEDULE and SERVICES

Basic rates*:

Boarding fee is charged for the day admitted AND the day discharged. If your pet is discharged by 8:30 am the final day will not be charged.

- Miniature(up to 15#) **\$12.50** per day
- Small(16-30#) **\$16.00** per day
- Medium(31-60#) **\$18.90** per day
- Large(61-90#) **\$19.50** per day
- Giant(over 90#) **\$22.50** per day
- Deluxe Boarding Suite **\$36.00** per day

* Deluxe Boarding includes the following: Boarding in our luxury suites; Bath; 30 minute playtime every day; bedtime treats. **20% Discount** for additional pets sharing a suite, **10% Discount** for additional pets in separate suite.

Additional Services:

Special Diet Cost of diet
 Type of diet: _____

Medication **\$ 5.00** per day
 Name of medication: _____
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- Bath at discharge **\$21.50 - \$35.00** (Depends on size and hair type)
- Advantage Application (up to 55#) **\$19.25**
- Advantage Application (over 55#) **\$27.80**
- Playtime**(15 min.) **\$3.85 per day**
- Playtime**(30 min.) **\$7.50 per day**

**Playtime for dogs includes out of cage petting, talking and cuddling, special toys, playing ball or fetch, out of cage exercise (outdoors on a leash if weather permits) and tender loving care.

Pre-boarding exam

Fleas present _____ Pet needs a bath _____ Teeth cleaning _____
 Ear cleaning needed _____ Nail Trim needed _____ Anal glands _____
 Does the skin look normal _____ Needs doctors attention? _____
 Vaccines needed? Bordetella DA2PP Corona Rabies _____

***If your pet becomes ill with any contagious disease that threatens your pets' health or that of other boarded pets, we will begin appropriate treatment at your expense. If your pet is found to have fleas, we will apply an Advantage treatment. Initials _____

Comments:

Is it all right to sedate your pet if he/she is anxious or barking? Yes___ No___ Initials_____
 Emergency Contact: _____ Phone #: _____

Signature: _____ DATE: _____