

## Cascade Kennels Golden Age Form

Here at Cascade Kennels do everything we can to make the boarding experience as comfortable and safe as possible for our elderly guests. Despite our best efforts, being away from home may cause existing conditions to worsen or underlying conditions to become apparent.

### Owner Information:

Owner's Name \_\_\_\_\_

Best Contact Number for This Visit \_\_\_\_\_

### Pet Information:

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_

**Please circle all of the below observations that apply to your pet. Please detail the circled conditions in the space below or add anything that was not listed.**

Difficulty Climbing Stairs	Lethargic	Decreased Appetite	Seizures
Stiffness	Increased Thirst	Weight Change	Coughing
Vomiting	Limping	Loss of Bowel/Bladder Control	
Increased Urination	Skin/Coat Changes	Lumps/Bumps	Diarrhea
Itching	Confusion	Constipation	Panting
Vision Problems	Bad Breath	Changes in Sleeping Patterns	
Tremors/Shaking	Hearing Problems	Bloating	Surgery

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**We will ALWAYS try to get in touch with you immediately in an emergency.**

**In the event that my pet becomes ill while myself and any emergency contacts I have listed are unreachable, I give my permission to:**

- Take all possible measures to stabilize, regardless of cost\*  
*\*Regardless of cost means that, in a life-threatening emergency, all medical and life-preserving options will be pursued.*
- Do minimal to stabilize

**In the event of death:**

- Hold at veterinarian until I return
- Individual cremation at veterinarian (retain ashes)
- Non-individual cremation at veterinarian (do not retain ashes)
- Along with any of the above, perform autopsy

**Owner/Guardian Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

***Staff Only to Fill Out Below***

Weight (day of arrival)

\_\_\_\_\_

Additional notes about pet's current condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_