



Boarding Admission



OFFICE USE:
PLACE BOARDING LABEL HERE

Date in: _____ - Date out: _____

Approximate Pick up time: _____ am / pm

FEEDING INSTRUCTIONS

Please feed my pet the hospital provided Science Diet Sensitive Stomach dry food.

Please feed my pet's own food. Brand: _____

Amount Per feeding: _____ Times per day: _____

MEDICATION / SUPPLEMENTS

NO, my pet DOES NOT require any medications or supplements

YES, my pet DOES require medications and/or supplements (\$7.50 fee per day) LISTED BELOW:

Med: _____ Dose: _____ Frequency: _____ Given today? Y N

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FLEA CONTROL

YES, my pet had a flea preventative within 30 days - Product: _____ Date given: _____

NO, my pet has not had any flea preventative within 30 days, I understand it will be given:

I prefer a topical product I prefer an oral product - Brand: _____

CANINE BATHING

My dog will be staying at least 3 nights and I would like a complimentary bath on: _____
(Date of bath)

My dog will be staying less than 3 nights - I would like a 1/2 off bath* for my dog on: _____
*An additional fee will be added - Price varies by weight of dog (Date of bath)

*REQUESTED SERVICES

Physical exam - Reason: _____

(Please complete our DROP OFF FORM)

Nail Trim Express Anal Glands Heartworm Test Fecal Analysis

Other: _____

Dog Vaccines: DA2PP Bordetella Rabies

Leptospirosis Rattlesnake

Cat Vaccines: FVRCP FeLV Rabies

*ADDITIONAL FEES WILL BE APPLIED

OFFICE USE: Checked in by: _____ Scanned Whiteboard orders completed by: _____

Requirements For Boarding

Initial Below:

_____ **All pets must be up to date on the following vaccines to board at our hospital:**

_____ **Canines:** DA2PP and Rabies within the last 3 years. Bordetella within the last year.

_____ **Felines:** FVRCP and Rabies within the last 3 years.

_____ **Examination:** All pets will need to have an examination by one of our Veterinarians within 12 months.

_____ **Flea Control:** It is essential that we maintain clean and sanitary conditions for all pets in our care. Any animal entering the hospital must be on a flea preventative within 30 days of administration. The brand and date of administration / application must be provided at check in. Should we find fleas on your pet during the Boarding Animal Assessment, flea control will be applied to your pet for a fee. You are free to purchase the flea control of your choice at check in.

_____ All canines staying **3 nights or more** will receive a complimentary bath on the morning of pick up. A half-priced bath is available upon request for dogs only, fee varies by weight of the dog.

_____ **Bedding:** We will allow personal items such as beds and toys to be dropped off for your pet's comfort. However, we **will not** be responsible for lost, damaged or forgotten items. All remaining items left behind will be donated after 90 days' time.

List Belongings: _____

_____ **Diet:** We provide Hill's Science Diet Sensitive Stomach dry food to all dogs and Hill's C/d diet to all cats. Any special prescription diets must be provided. This includes any canned foods. It is requested that food items be pre-bagged and labeled with the pet's name and date per serving size.

_____ **Holiday Pick Up:** During this busy bath time, please plan to pick your pet up in the early afternoon.

_____ **Medications:** Should your pet require medications or special attention. An additional fee of **\$7.50 per day** will be added for this service.

_____ **Diabetic Animals:** If your pet is a diabetic, a **\$25.00 diabetic boarding surcharge** will be added per day for monitoring and insulin administration. If your pet is a diabetic with additional medications that need to be administered, a \$30.00 surcharge will be applied per day. Diabetic patients with medications are exempt from any additional medication surcharges.

_____ *I understand that should my pet require medical care while boarding, I give my permission for said treatment. I request that every reasonable attempt will be made to reach me by phone, **but I do assume all financial responsibility for all charges incurred and agree to pay such charges at the time of my pet's discharge.***

_____ *Veterinary service during the nighttime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel is not provided during these hours.*

_____ *By boarding my pet, I agree to the terms and requirements for boarding at San Clemente Veterinary Hospital.*

Emergency Contact other than Yourself: _____

Emergency Contact Phone: _____

Client Signature: _____ **Date:** ____/____/____

Best Number to Reach you: _____