



OFFICE USE:

Admitted by: _____

Scanned:

SAN CLEMENTE VETERINARY HOSPITAL BOARDING AGREEMENT

Owner Name: _____ Pet Name: _____

Pet Name: _____ Pet Name: _____

Date Checking In: _____ Date Checking Out: _____

REQUIREMENTS FOR BOARDING

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. 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.

Bedding: It is our policy **NOT** to allow personal items such as beds and toys to be dropped off with pet. However, if it is necessary and you would like your pet to have access to them items, we **will not be** responsible for lost, damaged or forgotten items. All remaining items left behind will be donated after 90 days' time.

Diet: We provide 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.

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, please list below. An additional fee of \$7.00 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.

Flea Control: Brand: _____ **Date Applied/Administered:** _____

Apply/administer flea control to my pet. Type: _____

Feeding Instructions:

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

Please feed my own food. Brand: _____
Amount Per feeding: _____ Times per day: _____

Please List all medications that need to be administered with dosing instructions and times to be administered.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

My pet does not require any medications.

Additional Requested Services:

Physical Exam Reason for Exam:

- | | | |
|---|--|---|
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> DA2PP Vaccine | <input type="checkbox"/> Bordetella Vaccine |
| <input type="checkbox"/> Rabies Vaccine | <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> FVRCP Vaccine |
| <input type="checkbox"/> FELV Vaccine | <input type="checkbox"/> ½ Priced Bath | <input type="checkbox"/> Complimentary Bath (Over 3 Nights) |

CANINES ONLY

CANINES ONLY

Apply/Administer Flea Control

Additional Notes/Requests:

(Estimates are available upon request)

Emergency Contact other than Yourself: _____

Emergency Contact Phone: _____

*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 animal, I agree to the terms and requirements for boarding at San Clemente Veterinary Hospital.

Client Signature: _____

Best Number to Reach you: _____