

Client: _____

FOOTHILL ANIMAL HOSPITAL BOARDING FORM

Pet: _____

29040 PORTOLA PARKWAY, LAKE FOREST, CA
(949) 380-1255 PHONE (949) 916-3863 FAX

All pets entering the hospital must be current on vaccinations, have had an exam at our hospital and negative fecal in the past year, and be free of external parasites (fleas, ticks, etc.) If medications are necessary for treatment of parasites, I give Foothill Animal Hospital permission to administer such medications.
(additional fees apply) **On flea preventative? NO YES - Product & Date Given:** _____

VACCINATION AND TREATMENT POLICY

Required vaccines:

- Canine: Rabies
- DHPP
- Bordetella
- Feline: Rabies
- FVRCP

PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION OR VACCINES WILL BE GIVEN BY FOOTHILL ANIMAL HOSPITAL AT AN ADDITIONAL CHARGE.

- | | | |
|---|--------------------------|---|
| <input type="checkbox"/> Update vaccinations (See Estimate) | | <input type="checkbox"/> Preventative Care Package (See Estimate) |
| <input type="checkbox"/> Fecal analysis | \$38.50 | *For our Senior Boarders Only (6 years +) |
| <input type="checkbox"/> Boarding Exam | \$28.50 | <input type="checkbox"/> Nail trim |
| <input type="checkbox"/> Illness Exam | \$57.00 | <input type="checkbox"/> Frontline Application |
| <input type="checkbox"/> Bath/Anal Gland Expression | \$30.50 - \$54.00 | <input type="checkbox"/> Capstar Tablet |
| <input type="checkbox"/> Other: | _____ | \$16 - \$23.50 |
| | | \$17.00 - \$19.10 |
| | | \$5.30 |

ELECTIVE PROCEDURES

(additional fees apply)

MEDICATIONS, DIET, PERSONAL ITEMS:

Our Hospital is not responsible for lost or damaged personal items that you may leave with your pet.

Medication to be given while boarding? YES / NO **(additional fees apply - \$4.50 per medication per time given)**

Meds: _____ Times Daily _____ Given Today? YES / NO

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Personal Pet Food (brand): _____ Foothill Animal Hospital Food (*Science Diet Sensitive Stomach*)
Feeding Instructions: _____

Pet's belongings **(Please describe)**: Collar/Leash Carrier Toy Bed Other : _____

All dogs will have morning and evening walks. They will be walked on a choker-type leash and every reasonable care will be taken to protect your pet. If you would like additional walks or play times, please indicate your choice below. Playtime in our kitty common area is also available for cats.

EXERCISE & PLAYTIMES:

- _____ Additional outdoor walk(s) per day at \$2.50 each
- _____ Additional play time(s) per day at \$2.50 each

(Note: there is an additional charge for holiday boarding, please check with reception if boarding during the holiday)

MEDICAL ILLNESS AND HOSPITAL POLICY:

In the event of an emergency and the hospital staff is unable to reach me at the emergency number, I authorize necessary medical care to maintain the health and/or life of my pet. *[STANDARD MEDICAL FEES APPLY]*

YES- Provide Care **NO -DO NOT PROVIDE ANY MEDICAL CARE UNTIL AUTHORIZATION IS GIVEN.**

Foothill Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care as permitted by owner to all boarded pets. By signing below, I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea.

POLICY IS THAT ALL CHARGES ARE DUE AND PAYABLE UPON PET'S DISCHARGE. I understand this policy, as well as any estimated fees.

Also, I understand that HOSPITAL may request deposits during the patient's stay. Pursuant to California law, HOSPITAL is hereby authorized to dispose of said animal unless discharged to the owner or authorized agent within 14 days of the date that pet is scheduled for discharge. I understand that in the event of such disposal, I am liable for accrued charges for services rendered plus legal and/or court costs incurred with collection for those services.

Charges apply per day regardless of arrival time, beginning the day the pet checks in. If your pet departs before 12:00 NOON there will be no charge for the day of pick up.

Signature _____ Date: _____

Emergency Phone Number: _____

Check-out Date & Time: _____ a.m. p.m.

*Family/Friends allowed to pick up pet(s): _____

Note: Pets will be released during hospital hours only

Flea Combed:	<input type="checkbox"/>
Capstar Given:	<input type="checkbox"/>
Checked in by:	_____

Client: _____

ID. _____

Phone _____

Pet: _____