

Client: _____

FOOTHILL ANIMAL HOSPITAL BOARDING FORM

Pet: _____



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

VACCINATION & TREATMENT POLICY:

Required vaccines:
Canine:
Rabies
DHPP
Bordetella

All pets entering the hospital must be current on vaccinations, have had an exam at our hospital and a 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: _____

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.

Update vaccinations (See Estimate)

ELECTIVE PROCEDURES:
(additional fees apply)

Fecal analysis \$46.00

Nail trim \$16.50 - \$25.50

Examination \$65.00

Frontline Application \$21.00 - \$23.50

Bath/Anal Gland Expression \$29.00 - \$67.50

Capstar Tablet \$7.95

Other: _____

MEDICATIONS, DIET, PERSONAL ITEMS:

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

Medication to be given while boarding? YES / NO (additional fees apply - \$5.00 per med per time)

Meds: _____ Directions _____ Given Today? YES / NO

Meds: _____ Directions _____ Given Today? YES / NO

Meds: _____ Directions _____ Given Today? YES / NO

Personal Pet Food (brand): _____

Foothill Animal Hospital Food (Science Diet Sensitive Stomach)

Feeding Instructions _____

Pet's belongings (Please describe): Collar/Leash Carrier Toy Bedding

Other: _____

EXERCISE & PLAYTIMES:

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 playtimes, please indicate your choice below. Playtime in our kitty common area is also available for cats.

_____ Additional outdoor walk(s) per day at \$3.00 each

_____ Play time(s) per day at \$3.00 each

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

MEDICAL ILLNESS AND HOSPITAL POLICY:

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

PLEASE NOTE:

Pets will be Released during Hospital hours only

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.

FOOTHILL ANIMAL HOSPITAL'S 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 FOOTHILL ANIMAL HOSPITAL may request deposits during the patient's stay. Pursuant to California law, FOOTHILL ANIMAL 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.

Signature: _____ Date: _____
(Please sign in person)

Emergency Phone Number: _____

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

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

FOR OFFICE USE:
Flea Combed:
Capstar Given:
Checked in by:
R _____ T _____ K _____

Client: _____

I.D. # _____

Phone: _____

Pet: _____

Species: _____

Wt: _____

Age: _____