



Santa Margarita Animal Hospital

Boarding Admission



OFFICE USE:
PLACE BOARDING LABEL HERE

Date in: _____ - Date out: _____

Approximate Pick up time: _____ AM / PM

Kennel to be shared with: _____
(Please read and initial on the back)

OFFICE USE: Completed by: _____

FEEDING INSTRUCTIONS

- Please feed my pet the hospital provided Royal Canin diet.
 - Please feed my pet's own food. Brand: _____
- Feed _____ cups of dry food _____ times a day **AM / PM** Fed Today?
- Feed _____ cups of wet food _____ times a day **AM / PM** Y N

MEDICATION / SUPPLEMENTS

- NO, my pet DOES NOT require any medications or supplements
 - YES, my pet DOES require medications and/or supplements (\$10.00 fee per day)
- ALL MEDICATIONS or SUPPLIMENTS MUST BE IN THEIR ORIGINAL CONTAINERS**

HEALTH CONCERNS

- Are there any health concerns that you would like one of our Doctors to address while your pet is Boarding with us? No, I do not want my pet examined at this time.
- YES*, I would like an examination for my pet – Reason: _____
- Drop Off Exam Form filled out *An ADDITIONAL FEE will be added

ADDITIONAL SERVICES

- Nail Trim
 - Express Anal Glands
 - Heartworm Test
 - Fecal Test**
 - Other: _____
- Dog Vaccines:** K9 Distemper/Parvo** Bordetella** K9 Flu** K9 Rabies**
- Leptospirosis Rattlesnake Lyme Deworm
- Cat Vaccines:** Feline FVRCP** Feline Leukemia Feline Rabies**

****REQUIRED for Boarding / ADDITIONAL FEES will be applied**

Each pet is provided 2 playtimes each day, and you may request additional if you feel your pet would benefit:

- YES*, I would like 1 or 2 additional playtime(s) for my pet each day – *An ADDITIONAL FEE will be added

BATHING

- My pet will be staying at least 3 nights and I would like a complimentary Clean-up Bath on : _____ (date)
- My pet will be staying less than 3 nights – I would like a Regular Bath* for my pet on: _____ (date)
*An ADDITIONAL FEE will be added - Price varies by weight
- NO, I do not want my pet bathed at this time.

Requirements *for* Boarding

To insure the protection and prevention of the spread of infectious diseases for all pets under SMAH's care, I understand that all Boarding pets must be current on the following core vaccinations and also have a negative intestinal parasite test within one year.

- **DOGS:** Up to date Canine Distemper/Parvo, Bordetella, Canine Influenza and Rabies vaccinations, and an intestinal parasite test within one year.
- **CATS:** Up to date Feline FVRCP and Rabies vaccinations, and deworming within one year.

Proof of your pet's vaccination record is required at the time of admission or the required vaccinations and/or parasite test will be performed by SMAH.

I give SMAH permission to update my pet's vaccinations in accordance with this policy.

I understand that a physical examination by a Santa Margarita Animal Hospital veterinarian within the last 12 months is required when any vaccination is administered at SMAH.

Belongings: I understand Santa Margarita Animal Hospital does not accept any belongings brought in from my home, this includes, collars, leashes, bedding or carriers, etc.

Diet: We provide Royal Canin Gastrointestinal diet to all our dog Boarders and Royal Canin Adult diet for 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.

Medications: Should your pet require medications, an additional fee of **\$10.00 per day** will be added for this service.

Complimentary Baths - PLEASE NOTE: This is not a full service bath with brush and blow dry, so Long-haired dogs may become matted after their bath. Also, if your pet's health or temperament makes it hazardous to the staff or for the pet, your pet will not be bathed.

Sharing Kennel Request:

I voluntarily request SMAH board my pets in the same kennel. I understand this to mean that they will be housed together for the duration of their stay unless problems arise. I understand that in the event of any aggressive behavior directed against one of my pets by another, they will be separated and housed individually for the remainder of their stay. I also understand that I am responsible for any additional boarding charges that may apply in order to achieve this separation.

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 SMAH personnel is not provided during these hours.**

By boarding my pet, I agree to the terms and requirements for boarding at Santa Margarita Animal Hospital.

In the event of an emergency and SMAH is unable to reach me at the emergency phone numbers I provided below, I authorize SMAH to provide necessary emergency medical treatment to save the life of my pet and I agree to pay all treatment provided:

YES, please provide life-saving care. **DO NOT provide any medical care until authorization is given.**

Emergency Contact other than Yourself: _____

Emergency Contact Phone: _____

Best Number to reach you: _____

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