

Boarding Agreement

Office Use:
RECEPTIONIST: _____
TECHNICIAN: _____

Owner's Name: _____

Authorized Person: _____

Emergency Phone # _____

Cell Phone # _____

Business Phone # _____

Drop off Date _____ Pickup Date _____ Time _____

Pet's Name _____ Canine Feline

inside Pet outside Pet climber

AGREEMENT TERM: This Boarding Agreement serves as a legally binding document between Pet Owner and Pulse Animal Medical Center, Inc., DBA Cahuenga Pet Hospital for 1 (one) year. At the end of each term, this agreement will automatically renew for another year, so long as neither party gives written notice of non-renewal to the other party at least 30 days prior to the last day of the term. Pulse Animal Medical Center, Inc., DBA Cahuenga Pet Hospital reserves the right to cancel this Agreement at any time for any reason.

VACCINATIONS: For your pet's protection and the protection of all our boarding and hospitalized pets, we **REQUIRE** that our staff veterinarian examine your pet(s) and that all imperative vaccinations and fecal tests are current. Unless proof of vaccinations/tests is available upon admission, necessary vaccinations/tests will be performed at the owner's expense. **EXTERNAL/INTERNAL PARASITES:** We ask that pets be clean and free of external and internal parasites (fleas, ticks, etc.). If your pet enters with either internal or external parasites, we will provide treatment for your pet at your expense.

BATHING: Should it become necessary to bathe your pet, we will attempt to contact you for permission, however in the event that we are unable to reach you and it is determined that a clean-up bath is necessary, we will bathe your pet and an additional amount will be added to your bill. Please note that a clean-up bath is for sanitation purposes only and not substitute for regular bath.

PERSONAL ITEMS: Please do not bring items with your pet; we cannot accept any personal belongings such as bedding, food bowls, or toys. All these items are provided for your pet at no additional cost to you. In some cases, it may be possible for you to leave a favorite toy for your pet to use during "playtime" if you have selected playtime/exercise sessions for your pet.

COMMUNICABLE DISEASES: All pets coming into the hospital are fully vaccinated; however, it is still possible for a pet to become ill, even if vaccinated. This is not due to any circumstance or condition at Cahuenga Pet Hospital and you agree that you will not hold Pulse Animal Medical Center, Inc., DBA Cahuenga Pet Hospital and its employees liable in the event your pet becomes ill.

BOARDING HOURS: Drop off and pick up times are from 8:30 am to 5:00 pm Monday-Friday and 8:30 am to 12:30 pm Saturday. We are closed Sunday and Holidays. Drop off and pick up must take place only during regular office hours.

DAY CARE: Day care is by appointment only and current vaccination records are required.

I have read all of the above information _____ Initial

PLEASE INDICATE IF YOU WOULD LIKE ANY ADDITIONAL PROCEDURES DONE DURING YOUR PET'S STAY WITH US:

	Yes	No			
Examination	<input type="checkbox"/>	<input type="checkbox"/>	Routine exam	<input type="checkbox"/>	Sick exam <input type="checkbox"/> Wellness Exam <input type="checkbox"/>
Bath (Clean ears, anal glands and nail trim included)	<input type="checkbox"/>	<input type="checkbox"/>			
Bath/Clean-Up	<input type="checkbox"/>	<input type="checkbox"/>			
Routine Medications needed	<input type="checkbox"/>	<input type="checkbox"/>	Frontline single	<input type="checkbox"/>	3pk <input type="checkbox"/> 6pk <input type="checkbox"/> Advantage 6pk <input type="checkbox"/> 12pk <input type="checkbox"/>
Nail Trim only	<input type="checkbox"/>	<input type="checkbox"/>			
Playtime/Exercise	<input type="checkbox"/>	<input type="checkbox"/>			

IS YOUR PET CURRENTLY ON ANY MEDICATION? Yes No

*PLEASE NOTE THAT THERE IS AN ADDITIONAL FEE OF \$6.47 PER DAY TO ADMINISTER MEDICATIONS. YOU MUST BRING ALL MEDICATIONS WITH YOU FOR ADMINISTRATION OR WE WILL CHARGE APPROPRIATELY FOR USING OUR IN-HOUSE PHARMACY. _____ Initial

I UNDERSTAND THAT ANY PROBLEMS REQUIRING A VETERINARIAN'S ATTENTION WILL RESULT IN MY BEING CHARGED AN EXAMINATION FEE PLUS ANY ADDITIONAL FEES FOR TREATMENT AND MEDICATIONS. _____ Initial

FOOD INSTRUCTIONS: WE FEED ALL OUR PETS WITH HILL'S DIET UNLESS YOU PROVIDE AN ALTERNATIVE FOOD.

___ I AM SUPPLYING MY PET'S DIET (Food must be packaged in individual Ziploc bags with the pet's name and time of feeding clearly written on the outside of each bag.)

___ PLEASE FEED HILL'S DIET _____ (please specify)

***If your pet is on a prescription food you will need to provide enough food for the duration of your pets stay.

