



18224 Parthenia Street Northridge, CA 91325
Tel: 818-349-8387 • Fax: 818-886-4195

Boarding Agreement Form

Patient's Name: _____
Owner's Name: _____

Dog Suites		Cat Condos
3'x6'	\$33	2-Unit \$33
3'x6'RM	\$23	4-Unit \$45
5'x8'	\$45	RM \$14
5'x8'RM	\$33	

Suite Size: _____

Check-In Date: ___/___/___ Pick-Up Date: ___/___/___

VACCINE POLICY To insure the protection of all the pets under our care, proof of the following vaccines MUST be provided. I understand that the vaccines do not offer full protection for up to two weeks. *If my animal has not been vaccinated two weeks prior to boarding then I will be responsible for all treatment provided if my animal develops an upper respiratory infection.*

DOGS: DHPP: _____ (\$19) CATS: FVRCP: _____ (\$19)
Bordetella: _____ (\$19) Rabies: _____ (\$32)
Rabies: _____ (\$19)

Biohazard Disposal Fee of \$5.92 is charged once per pet per visit when needles/syringes are used.

HYGIENE POLICY To ensure a clean, flea and tick free environment, Porter Pet Hospital may require a full cost bath or administration of flea and tick control upon admission if fleas/ticks are seen on your pet. Your pet is eligible for a bath at a discounted rate (not including brush out or pedicure) if he/she stays 3+ nights. This bath is complimentary for pets boarding 7+ nights. You may also request a full groom (including nails, ears, and anal glands).

V.I.P PROGRAM We give conscientious, affectionate, and individual care to each pet left in our trust. However, **if your pet has special needs, please advise us.** Additional *daily* charges may apply.

- Medication (@ \$3/treatment) • Extra Playtime (@\$5/each) • Doctor Exam \$58 •

Rate Per Night \$ _____ X Number of Nights _____ = \$ _____
Medical Services (including vaccines) \$ _____
Bath / Groom / Groom & Haircut \$ _____
Other _____ \$ _____

Total Estimated Charges \$ _____

Should my pet(s) require medical care while boarding, I authorize Porter Pet Hospital to medically and/or surgically treat my pet(s) as deemed necessary. I request that every reasonable attempt to be made to contact me by telephone (at the number below) regarding this matter. I will assume full financial responsibility for all charges incurred during my pet's stay, and agree to pay such charges at the time of release. If my pet(s) is/are not picked up within ten (10) days from the specified pick-up date, I understand my pet(s) will be considered abandoned and disposed of as per the California Abandoned Animal Act. I understand I will be held responsible for all fees accrued up to and including the date of abandonment. I understand that Porter Pet Hospital will take all reasonable precautions to insure my pet's health and safety during his/her stay. Porter Pet Hospital will not be held responsible for loss or damage due to disease, death, theft, fire, earthquake and/or other unavoidable causes.

ANIMALS ADMITTED AND RELEASED DURING OFFICE HOURS ONLY

M – F 7:00 AM – 6:00 PM

SAT 8:00 AM – 6:00 PM

CLOSED SUNDAYS AND HOLIDAYS



Please be aware that your pet may be distressed without you and damage bedding or toys. We cannot be held responsible for any damaged or lost items.

If pickup date and/or time is other than specified, I agree to phone with the correct information. I have read, and I understand and accept the provisions of this agreement.

Owner's Signature _____

Date: _____

Emergency Phone No. _____

Processed by: _____