

BOARDING AGREEMENT

MUIRLANDS ANIMAL and AVIAN HOSPITAL
24174 Alicia Parkway
Mission Viejo, CA 92691
(949) 770-9015

Today's Date _____

Date of pick-up _____ AM PM

Owner _____

Additional Services: (see below) \$ _____

Pet(s) Boarding: (Estimated Cost)

_____ Nights @ \$ _____

_____ Nights @ \$ _____

_____ Nights @ \$ _____

Bathe		Groom		Medications		Capstar	
Yes	No	Yes	No	Yes	No	In	Out
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Person(s) to contact in case of emergency _____

Telephone number(s) _____

Special Instructions – include detailed medication directions, feeding instructions, and anything you wish the doctor to check for.

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

DOGS: _____ Rabies _____ DHPP _____ Bordetella _____ Physical Exam
CATS: _____ Rabies _____ FVRCP _____ Bordetella _____ Physical Exam
AVIAN: _____ Psittacosis _____ Gram (optional) _____ Fecal (optional) _____ Physical Exam

If not up-to-date, or unable to provide proof of vaccination, I give permission to update my pet(s) vaccination in accordance with the above policy.

In addition, if any fleas/ticks are observed on you pet(s) while boarding, he/she (they) will receive treatment (Advantage or Frontline) at the owner's expense.

Estimated Total: \$ _____

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional cost. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatment and necessary diagnostics.

_____ I authorize up to (check one and indicate amount) \$ _____ \$ 200 \$ 300

_____ Do not administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above-specified date. If circumstances change, I will notify the veterinarian of a new pick-up date.

I hereby authorized _____ to pick up my pet/pets in case I am not available.
(payment/picture ID required)

Date

Owner/Agent for Pet(s)

Special Instructions:

Food:

Food: _____ Wet Dry Both Hospital (EN dry)
(Name of food)

Did you already feed for the day? Yes No

Do you feed? 1x a day 2x a day all day

Amount given/ any other special instructions?

Belongings:

1)

2)

3)

Meds:

Name	How many?	What time?

Do you give medication with food or treats? No Yes _____

Were medications already given? No Yes

Any other special instructions? _____