



Healthy Pets, Happy People

Healthy Pet Hospital & Grooming

3411 E. Chapman Ave.
Orange, CA 92869
(714)771-3261
www.HealthyPetHospital.com

Pet's Name: _____
Last name: _____
Age: _____
Breed: _____
Sex: _____
Species: _____

Boarding Agreement

To insure the protection of the pets under our overnight care and to prevent the spread of any infectious diseases, all pets must be current on all their core vaccinations and have had a negative intestinal parasite test result within 12 months.

Please provide proof of your pet's vaccination record at the time of admission or vaccines will be given by Healthy Pet Hospital at our current price.

REQUIRED:

Dogs:

DAPP Current Due
BORDETELLA Current Due

Cats:

FVRCP Current Due
FeLV: Current Due

Both:

RABIES Current Due
FECAL TEST Current Due

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 to be examined at this time.

YES*, I would like a physical exam-
*A Physical Exam will be charged

OPTIONAL PROCEDURES*:

(Please check)

LYME

LEPTO

HEARTWORM TEST

ANAL SAC EXPRESSED

TRIM NAILS

APPLY FLEA CONTROL

Brand: _____

For Healthy Pet Hospital Staff:

Admitted by: CSR: _____ Kennel: _____

Reservation Dates: _____ to _____ Pick up Time: _____ am/pm

What kind of flea preventative do you give your pet? _____

When was the last dose given? _____

Do you want your pet to get a:
BATH HAIRCUT

If yes for bath or haircut, what date do you want it done: _____

Feeding Instructions:

Feed the hospital provided premium diet - Purina Gastrointestinal EN Sensitive Stomach Dry

Personal pet food labeled & pre-bagged, brand: _____

Free feed dry food.

Feed _____ cups of DRY food _____ times a day (am / pm)

Feed _____ can of WET food _____ times a day (am / pm)

FEED OWN FOOD

Medication to be given? No Yes, see posted list for current rate Medication Form

I request a refill of: _____ / _____

EXTRAS:

All dogs will have a morning, mid-day and evening walk. Your dog will be walked on a self-adjusting leash and every reasonable care will be taken to protect your pet. If you would like additional walk, please indicate below:

I would like an additional walk for my dog. *See posted list for current rate Please initial: _____

I would like a Kong® with treats for my dog.*See posted list for current rate Please initial: _____

**Kennel to be shared with other pet(s) in my family? No, Yes, list below:

Pet(s) names: _____, _____ & _____

I voluntarily request that Healthy Pet Hospital board my pets in the same run or kennel. I understand that my pets will be housed together for the duration of their stay, unless problems arise.

I hereby voluntarily release Healthy Pet Hospital, its employees and agents from all responsibility or liability arising from injury or damage inflicted by one of my dogs on another during their stay.

I understand that in the event of such injury or damage, I am liable for all charges of medical services provided by Healthy Pet Hospital for treatment of said injuries or damage.

I understand that in the event of aggressive behavior directed against one of my pets by another, that they will be separated and housed individually for the remainder of their stay.

If your pets are sharing a kennel together, Please initial: _____

*** ALL CHARGES ARE DUE AND PAYABLE UPON PET'S DISCHARGE ***

I have received, read and understand Healthy Pet Hospital's boarding policies, as well as any estimated fees, and that Healthy Pet Hospital may request a deposit for my pets boarding reservation.

Pet Owner/Agent Signature: _____ Date: _____

Emergency Phone Number(s): (_____) _____ or (_____) _____

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

Thank you for entrusting Healthy Pet Hospital with the care of your pet.