

PLACE  
LABEL  
HERE



## BOARDING AGREEMENT

TODAY'S DATE: \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_ APPROXIMATE PICK UP TIME: \_\_\_\_\_

PET(S) BOARDING: \_\_\_\_\_ / \*\* \_\_\_\_\_ / \*\*

\*\* \_\_\_\_\_ SINGLE ACCOMMODATION TO BE SHARED (Discounted Fee Applies To The Additional Pet(s) Only)

X \_\_\_\_\_ I HAVE LEFT NO MORE THAN 2 TOYS. DESCRIBE: \_\_\_\_\_

### LOSS OF PROPERTY WAIVER:

X \_\_\_\_\_ Santa Margarita Animal Care Center is not responsible for personal articles such as, toys and towels. We do not accept collars, leashes, bedding and carriers. If any items are left with your pet during boarding, they are left at your own risk.  
WE STRONGLY RECOMMEND THAT YOU DO NOT LEAVE ITEMS.

### FEEDING INSTRUCTIONS:

X \_\_\_\_\_ CUP(S) DRY FOOD \_\_\_\_\_ TIMES DAILY (am / pm) \_\_\_\_\_ CANNED FOOD \_\_\_\_\_ TIMES DAILY (am / pm)

X \_\_\_\_\_ PLEASE HAVE DRY FOOD AVAILABLE AT ALL TIMES (FREE FEED)

X \_\_\_\_\_ FEED THE HOSPITAL PROVIDED PREMIUM DIET (WALTHAM ADULT FOOD)

X \_\_\_\_\_ I BROUGHT FOOD: BRAND \_\_\_\_\_

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### VACCINATIONS & PARASITE SCREEN:

To insure the protection of all animals under our care and to prevent the spread of infectious diseases, boarded animals must be current on *all* vaccines.

#### PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION

FVRCP: 1 YR @ \$17 or 3 YR @ \$29-- DUE CURRENT

YEARLY DEWORM: @ \$27-- DUE CURRENT

RABIES: @ \$27-- DUE CURRENT

\*\*OPTIONAL: \*\*FELV: @ \$33-- DUE CURRENT

\*\*FELV TEST: @ \$73-- YES NO

X \_\_\_\_\_ I GIVE PERMISSION FOR HOSPITAL STAFF TO UPDATE MY PET'S VACCINATIONS IN ACCORDANCE WITH THE ABOVE POLICY.

### BATHING INSTRUCTIONS:

X \_\_\_\_\_ Please apply 1 dose of VECTRA Flea Preventative with bath @ \$16.

X \_\_\_\_\_ Please apply 1 dose of REVOLUTION PARASITICLE with bath @ \$25

X \_\_\_\_\_ I plan to Pick up my pet in the morning, please bathe the day before. DATE OF BATH: \_\_\_\_\_

X \_\_\_\_\_ Other \_\_\_\_\_

MORE ON BACK 

**PHYSICAL EXAM, SURGERIES, MEDICATIONS:**

X \_\_\_\_\_ PLEASE SEE THAT \_\_\_\_\_ HAS A/VAN DENTISTRY / OVH / CASTRATION / DECLAW  YES  NO  
OR \_\_\_\_\_ WHILE BOARDING. (Attach pre-surgical bloodwork form)

X \_\_\_\_\_ I WOULD LIKE A PHYSICAL EXAM BY THE DR FOR \_\_\_\_\_ FOR THE FOLLOWING:  YES  NO  
\_\_\_\_\_. (Attach Drop off Fact Sheet)

\*\*\*One of the following choices MUST be initialed for the Doctor to proceed\*\*\*

X \_\_\_\_\_ PLEASE PROVIDE ALL TREATMENT NECESSARY IN DOCTOR'S JUDGEMENT.

X \_\_\_\_\_ PLEASE PROVIDE TREATMENT UP TO \$ \_\_\_\_\_.

X \_\_\_\_\_ OTHER \_\_\_\_\_.

X \_\_\_\_\_ PLEASE ADMINISTER THE MEDICATION(S) I HAVE BROUGHT FOR \_\_\_\_\_ @ \$4 DAILY.  YES  NO

X \_\_\_\_\_ PLEASE REFILL \_\_\_\_\_'S MEDICATION FOR: \_\_\_\_\_

In the event of an emergency and Santa Margarita Animal Care Center is unable to reach us at the emergency number I provided, I authorize Santa Margarita Animal Care to provide any necessary emergency medical treatment to save the life of my pet(s) and I agree to pay for all treatment.

X \_\_\_\_\_  YES  NO, DO NOT PROVIDE ANY MEDICAL CARE UNTIL SPECIFIC AUTHORIZATION IS GIVEN.

X \_\_\_\_\_ I WOULD LIKE 1 OR 2 ADDITIONAL PLAYTIMES DAILY FOR MY PET @ \$3 PER PLAYTIME.

**SHARED ACCOMMODATION WAIVER:**

I voluntarily request that SMACC board my pets in the same run or kennel. I understand this to mean that the animals will be housed together in the confines of the requested accommodation for the duration of their stay, unless problems arise.

I hereby voluntarily release SMACC, its employees and agents from any and all responsibility or liability arising from injury or damage inflicted by one of my pets 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 SMACC for treatment said injuries or damage.

I understand that in the event of aggressive behavior directed against one of my pets by another, that the pets 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 that separation. X \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\* HOSPITAL POLICY IS THAT ALL CHARGES ARE DUE AND PAYABLE UPON PETS DISCHARGE \*\*\*

In accordance with CALIFORNIA ABANDONMENT LAWS, SMACC is hereby authorized to make any necessary arrangements for said animal, unless discharged to the owner or authorized agent within fourteen (14) days of the date that pet is scheduled to be discharged. I understand that in the event of such arrangement, I am liable for all accrued charges of services rendered plus legal and/ or court costs incurred with collection for those services.

CONTINUOUS PRESENCE OF QUALIFIED PERSONNEL AFTER BUSINESS HOURS MAY NOT BE PROVIDED AT ALL TIMES [B&P CODE, 2030 (C)]

X \_\_\_\_\_ DATE X \_\_\_\_\_ PET OWNER / AGENT SIGNATURE X \_\_\_\_\_ EMERGENCY PHONE NUMBER

~ Thank You For Entrusting your Pet Into Our Care...Feel Free To Call For Updates ~