

# 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? \_\_\_\_\_