



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. Please list your concern(s) below:

*A Physical Exam will be charged
Drop Off Form with history is complete

OPTIONAL PROCEDURES* (Please check)

LYME
LEPTO
HEARTWORM TEST
ANAL SAC EXPRESSED
TRIM NAILS
APPLY FLEA CONTROL Brand: _____
BATH
HAIRCUT

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

Treatment plan with the above requested added procedures has been approved and signed by owner.

For Healthy Pet Hospital Staff:
Admitted by: _____

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

**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: _____

Feeding Instructions:

Feed the hospital provided premium diet - Hill's Science Diet Sensitive Stomach & Skin 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: _____

I would like an orthopedic bed for my pet. *See posted list for current rate Please initial: _____

In the event of an emergency and Healthy Pet Hospital is unable to reach me at the emergency phone number(s) that I have provided below, I authorize Healthy Pet Hospital to provide any necessary emergency medical treatment to save the life of my pet and I agree to pay for all treatment provided. Please initial: _____

Yes, provide lifesaving care. Do not provide any medical care until authorization is given.

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

Healthy Pet Hospital cannot guarantee the health of any animal, but pledges to give appropriate care as permitted by owner to all boarded pets. By signing below, I agree to hold this facility harmless for conditions that are often unavoidable in boarding environments, including but not limited to; weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea. Please initial: _____

I understand that Healthy Pet Hospital is not responsible for items left during boarding such as: toys, towels or blankets, and that they DO NOT accept collars, leashes, or bedding. Please initial: _____

In accordance with CALIFORNIA ABANDONMENT LAWS, (Sections 1834.5 and 1834.6 of the civil code) Healthy Pet Hospital 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 this 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. 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.