

# Oceanside Veterinary Hospital

## Boarding Admission Form

Thank you for choosing Oceanside Veterinary Hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their visit with us. While staying with us your pet will be under the supervision of one of our Pet Care Team. We strive to maintain a sanitary and healthy environment for our patients.

Exams: All boarders must have a current exam (within the last 12 months) by the doctors of Oceanside Veterinary Hospital. Initials \_\_\_\_\_

Vaccinations: All pets must be up to date on their vaccinations and must have a current negative fecal exam (within the last 6 months) and it is the owner's responsibility to make sure that proof of current vaccinations is on file with the hospital at the time of admission. Dogs must be current on Rabies (1 or 3 year), DHPP (1 or 3 year), or either Oral Bordetella (1 year) or Intranasal Bordetella (6 month). Cats must be current on Rabies (1 or 3 year), and FVRCP (1 or 3 year). Initial \_\_\_\_\_

Internal/External Parasites: All Pets must be free of parasites including fleas and ticks. Oral or Topical will be administered if indicated at the time of admission. Owner is responsible for fees.

Rates and Payments: Payment in full is expected when your pet is discharged. A \$100 deposit is required for first time clients and extended boarding. Other services provided to your pet during boarding are charged at regular cost. Rates are calculated on a daily basis. Boarding is charged by the number of days stayed, and charges are updated at closing time. Pick-ups after 12pm are charged as full day. Initial \_\_\_\_\_

Medical Illness Policy: One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need arise. Occasionally pets may develop problems from environmental and dietary changes. Signs may include vomiting, diarrhea, coughing and self-trauma such as scratching or biting their skin etc. an exam and treatments will be performed at the doctor's discretion. We will make every attempt to contact you, but in the event you are unavailable, treatment will be provided at owner's expense. Initial \_\_\_\_\_

Medications: If your pet is currently on medication, please inform the staff. Charges for administering medications are based on the number of doses given a day. Fees: \$5 once daily, \$10 twice daily or \$15 three times daily. (Circle one) Initials \_\_\_\_\_

Emergency Authorization: If your pet has a life threatening medical emergency, we will do everything to contact you. In the event I cannot be reached for any reason, I authorize emergency medical care for my pet in a life threatening emergency. Initial \_\_\_\_\_

Abandonment: Please notify us if there is any change of plans in your pet's scheduled release date. If you do not notify us of a change in your pet's departure date, and either we do not hear from you or unable to contact you or your authorized agent for a period of 14 days after your pet's scheduled departure date, the Hospital will consider your pet abandoned according to the abandonment laws in California. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the Hospital as a result of the abandonment. Initial \_\_\_\_\_

Owner's name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Check in Date \_\_\_\_\_ Time: \_\_\_\_\_ Check out Date: \_\_\_\_\_ Time: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_

I would like to have my pet bathed on the morning of my scheduled pick up day. (Complimentary bath after 5 days) YES \_\_\_\_\_ NO \_\_\_\_\_

Is your pet on medication? Name of medication and dosage \_\_\_\_\_

What else do we need to know? (Medical condition, chronic limp, food aggression, stress, etc.)

I have read and understand the boarding policies listed above

Signature \_\_\_\_\_ Date \_\_\_\_\_