

Anacapa Animal Hospital – Boarding Authorization Sheet

Client: _____
 Patient: _____
 Species: Canine Feline
 Breed: _____
 Age: _____ Years _____ Months

Check-in Date: _____
 Check-out Date: _____

Do you want a bath at the end of stay? (\$28 Additional Fee):
 Yes No (IF YES, Pick-up after 4pm)

EMERGENCY CONTACT INFORMATION:		
Owner Name: _____	Phone 1: _____	Phone 2: _____
Local Agent: _____	Phone 1: _____	Phone 2: _____
Feeding Instructions	<input type="checkbox"/> Anacapa provides Purina EN food for Dogs/ DM canned food for cats. <input type="checkbox"/> Owner Provided: Name: _____ # of Meals/day <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three Amount fed per meal: (cans/cups) _____ <input type="checkbox"/> Additional instructions: _____	
Medication Admin. (\$4/day additional fee)	Drug Name: _____ Instructions: _____ Drug Name: _____ Instructions: _____ Drug Name: _____ Instructions: _____	
Boarder Belongings: <input type="checkbox"/> Leash <input type="checkbox"/> Collar <input type="checkbox"/> Carrier <input type="checkbox"/> Bedding: _____ <input type="checkbox"/> Toys: _____ <input type="checkbox"/> Other: _____		
Current Known Medical Problems: _____		

Pick-up Times: Boarders are released **ONLY** during our normal office hours. We will **NOT** release a pet before or after our normal office hours or on days when we are closed (i.e. Sundays & Holidays). If you have requested to have your pet bathed at the end of their stay, please pick your pet up after 4pm to allow for adequate drying time. PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR PICKUP TIMES: _____

Vaccination/ Parasite Control Requirement: For your pet's protection, proof of current vaccination is required at the time you drop-off your pet. It is the policy of the Anacapa Animal Hospital that all dogs boarding with us be current on their rabies, distemper, parvo & bordetella vaccinations and that all cats be current on their FVRCP vaccination. If this information is not provided at the time you drop-off your pet, your pet will be vaccinated immediately following a complete physical examination by one of our veterinarians at an additional cost to you. In order to maintain a flea-free environment for all of our guests, all pets that arrive for boarding are inspected for evidence of flea infestation. If your pet is found to have fleas, it will be treated at your expense with Capstar. If you recently applied prescription flea control to your pet, please indicate below:
 Name of product applied: _____ Date of application : _____ (Please note: if your pet has live fleas, additional flea control will be administered at your expense, regardless of when recent product was applied)
 PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR VACCINATION REQUIREMENT: _____

Boarder Belongings: Boarding guests are welcome to bring toys or blankets. Although we make every effort to care for these items, Anacapa Animal Hospital cannot be held responsible for belongings that are lost or damaged. We provide clean, comfortable bedding and toys for our boarding guests. PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR BELONGINGS REQUIREMENT: _____

Bath: If you wish to have your pet bathed at the end of their stay, additional charges will apply. To ensure your pet is dry at the time of pick-up we will require that you pick your pet up after 4 pm.
 PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND THE BATH PICKUP INSTRUCTIONS: _____

Additional Services Request: Please note if you would like any additional services for your pet while staying with us. Please note that these services are provided at additional cost. Nail Trim Tooth Brushing Microchip ID Daily Coat Brushing Physical Exam Other: _____

BOARDING AUTHORIZATION:

I am the owner or agent for _____ and I have the authority to execute this consent. I authorize the veterinary staff at Anacapa Animal Hospital to treat my pet if it should become ill while boarding until I can be reached and to do whatever is necessary should an emergency situation arise. I understand that medical supervision is available during normal office hours. I authorize outdoor leashed walks for my pet and exercise in a fenced yard. I have read and I understand the policies stated above and understand that payment is due at the time of pick-up.

Signature (Owner/Agent): _____ Date: _____