BOARDING FORM

Animal Clinic of Santa Maria
2650 South Miller St 805 937 7671

FEEDING ☐ AM ☐ PM ☐ FREE FEED

SPECIAL DIET _____

MEDICATION _____

I UNDERSTAND THAT PETS ADMITTED FOR BOARDING MUST BE CURRENT ON VACCINATIONS OR BROUGHT UP TO DATE ON THEM. I AGREE TO FURNISH THE RECORDS IF VACCINATED ELSEWHERE AND IF SUCH RECORDS CANNOT BE LOCATED, I AGREE TO HAVE MY PET EXAMINED AND RE-VACCINATED. ALL PETS LEFT FOR BOARDING MUST BE FREE OF FLEAS AND TICKS OR THEY WILL BE TREATED UPON ADMSSION AT THE OWNER'S EXPENSE.

IN THE CASE OF AN EMERGENCY, I AUTHORIZE THE ANIMAL CLINIC TO TREAT AS DEEMED NECESSARY FOR THE HEALTH, SAFETY OR WELL BEING OF MY PET AT MY EXPENSE. IF MY PET BECOMES ILL DURING THIS STAY, THE ANIMAL CLINIC WILL NOT BE HELD LIABLE, PROVIDED THAT REASONABLE CARE AND ALL PRECAUTIONS HAD BEEN TAKEN. THE ANIMAL CLINIC WILL MAKE EVERY ATTEMPT TO MAKE CONTACT AT THE PHONE NUMBER LISTED BELOW.

DUE TO THE FACT THAT THE FACILITY WILL BE FREQUENTLY CLEANSED, IT IS SUGGESTED THAT TOYS, BLANKETS, BEDS, LEASHES OR COLLARS NOT BE LEFT. I UNDERSTAND THAT THE ANIMAL CLINIC IS NOT RESPONSIBLE FOR LOSS OR DAMAGE OF THESE BELONGINGS.

I FURTHER UNDERSTAND THAT WALKING MY PET IS ONLY DONE IF REQUESTED. SINCE THERE IS NO SAFETY FENCE AROUND THE CLINIC, I ASSUME ANY INHERENT RISKS SUCH AS ESCAPING OR RUNNING INTO TRAFFIC.

LIST ALL BELONGINGS _____

_____

WALK REQUESTED ☐ YES ☐ NO
BATH REQUESTED ☐ YES ☐ NO
EXAM REQUESTED ☐ YES ☐ NO

OTHER REQUESTS _____

SIGNATURE_____ DATE _____

EMERGENCY PHONE # _____

BOARDING DATES FROM _____ TO _____

PET'S NAME _____

ALERTS

OWNER'S NAME _____

Office Use Only

DATE	MEDICATION AM	MEDICATION PM	COMMENT IF ABNORMAL BEHAVIOR, APPETITE, THIRST, URINE BM

OTHER COMMENTS _____

_____

_____

rev 7/09