



Boarding Release Form

Client Name: _____ Pet Name: _____

Telephone (Home/Cell/Work): _____ Current E-Mail Address: _____

DROP OFF DATE & TIME: _____ **PICK UP DATE & TIME:** _____

Would you like for your pet to receive treatment or other services during their stay? (Please mark below. Fee will apply)

Therapy sessions? ____ YES ____ NO ____ Vet Recommendation If yes, how many? _____

30-minute Exercise Program? ____ YES ____ NO ____ Vet Recommendation If yes, how many? _____

Would you like your pet bathed prior to pick up? ____ YES ____ NO

Are any medicines or supplements necessary while boarding? ____ YES ____ NO

Any special boarding instructions? _____

Give names of any medications and the dosage to be given:

MEDICATIONS AND SUPPLEMENTS	DOSAGE/INSTRUCTIONS

PLEASE KEEP MEDICATION IN ORIGINAL BOTTLES/PACKAGING NO ZIPLOCKS

List all foods, quantity, and frequency to be fed to your pet:

FOOD	QUANTITY	FREQUENCY

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations. 2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense. 3. CALIFORNIA ANIMAL REHABILITATION has my permission to do whatever is necessary should an emergency arise. California Animal Rehabilitation cannot guarantee health of any pet, but pledges to give the appropriate care to all boarded pets. I understand that there will be times overnight where my pet will be unattended. I understand that in the event of my pet's illness, the staff at California Animal Rehabilitation may not be able to contact me immediately and therefore is authorized to initiate appropriate treatment (including but not limited to transfer to another facility) until I (or my pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and fees with the attending veterinarian. 4. If a tranquilizer is necessary for treatment or handling, CALIFORNIA ANIMAL REHABILITATION has my permission to administer such medication. 5. Personal items may be left at your own risk; California Animal Rehabilitation is not responsible for loss or damage. 6. Pets may be dropped after 7 AM and picked up before 6 PM Monday through Friday, and Saturday before 4pm. Pets can be picked up on Sunday, between the strict hours of 2:00pm – 3:00pm, there are no exceptions.

I have read the boarding requirements and understand the clinic's policies

Emergency Contact Name & Number/Email (1) _____

Emergency Contac Name & Number/Email (2) _____

Contact information where you will be staying: _____

Best way to get in touch with you while you are out of town: _____

Print Name: _____

Sign and Date: _____

Come. Stay. Heal.

MEDICAL QUESTIONNAIRE FOR BOARDING PETS

- 1) Due to the recent rise in Leptospirosis and Canine Influenza cases across Southern California we are now recommending these vaccines for any dogs that spend time at a boarding facility. These vaccines are available at CARE and can be administered at the time of drop off. Patients are not fully protected until they receive their booster 4 weeks after their first injection.
 - a. Dates of last dosage: Leptospirosis _____ Canine Influenza _____
 - b. Administer Leptospirosis (YES/NO): _____ Administer Canine Influenza: _____
- 2) Has your pet had a decrease in energy in the last month? In the last three days? If yes, please describe:
- 3) Has your pet had a normal appetite in the last month? In the last three days? Please describe your pet's normal appetite:
- 4) Has your pet had any vomiting, diarrhea, coughing or sneezing in the last month? In the last three days? If yes, please describe:
- 5) Does your pet need to have their bladder expressed? If yes, how many times a day?
- 6) Has your pet increased drinking or urination in the past month? In the past three days? If yes, please describe:
- 7) Has your pet's mobility problems or pain increased in the last month? In the last three days? If yes, please describe:
- 8) When was your pet's last visit to a veterinarian? What prompted the visit?
- 9) Are there any medical issues that have arisen since we last saw your pet? If yes, please describe:
- 10) Dates of last vaccinations or titers:
DA2PP _____ Bordetella _____ Rabies _____ 1 yr or 3 yr FVRCP _____ Leukemia _____
- 11) If boarding your CAT, please specify preferred kitty litter:
- 12) List any food or medication allergies:
- 13) Is your pet on flea control? Which product? _____ (If fleas are found, pet will be treated and a fee applied):

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