

Owner's Name _____ Phone Number _____

Pet's Name # 1 _____ Weight: _____ Breed _____ Color _____ Age _____ Sex _____

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Drop-Off Date: _____ Pick-Up Date _____

Vaccine History: Current Date Given _____ Update Today
Proof of current vaccinations is required for boarding. Lack of proof, the veterinary staff may administer the vaccines at your cost.

Canine: DHPP Corona Bordetella Rabies **Feline:** FVRCP FeLv Rabies

Medical History:

Are you using Fleas treatment? YES NO
If evidence of flea is present, flea medication will be applied. There is a \$15 fee charged for this service

Any vomiting, coughing, sneezing or diarrhea? YES NO _____

Medication? YES NO _____
Medication must be clearly labeled with user name, drug name and instructions for use.

Current Diet: _____ Special Feeding Instructions: _____

The health and well being of your pet(s) is our primary concern during their stay here. All efforts and policies are a result of this commitment. The Hospital will use all reasonable precaution against injury, escape, or death of the pet(s), the Hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand that Yucaipa Animal Hospital can not guarantee the health of my pet(s) and I will not hold the clinic responsible for conditions that are unavoidable in kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas.

I understand that all pets admitted to the clinic must be free contagious diseases, internal and external parasites or will be treated on entry or discovery at the owner's expense.

I understand that illness and/or emergency may develop, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options. In the event I could not be reached immediately, I hereby authorized to initiate appropriate treatment until I/my agent can be contacted. **Please initial selection:**

- _____ Treat as required, you need not to call me.
- _____ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- _____ Do not perform any diagnostics and/or treatment until I am notified and consented to treat as recommended.
- _____ I authorize the medical staff to sedate and perform such emergency procedures as may be necessary.

I assume full responsibility for the treatment expense incurred. I agree to pay, in full, all charges for necessary services rendered.

Any items left with your pet are at your own risk/liability. Toys and bedding may be laundered or cleaned at our discretion. The Hospital will not be held responsible for any damage to such items due laundering or use by your pet.

Any pet left after scheduled pickup day without prior notice will be deemed abandoned. We will make every effort to contact you. Written notice will be sent to the address on file. If no response after 15 days, the Hospital will then be authorized to dispose of animal as deemed fit.

Name & Phone Number to be contacted in an Emergency: _____

Personal Items at Check-In: _____
(i.e. food/treats, toys, bedding, no leashes, collars/tags all must be removed etc.)

Owner Signature: _____ Date: _____

Admitting Staff's Name: _____