

Bellflower Pet Hospital & Hotel

Boarding Information

Date in: _____ Date out: _____

Owner's Information:

Owner's Name: _____		
Address: _____		
Home phone: _____	Work phone: _____	Mobile: _____

Emergency Contacts:

Name:	Relationship:	Phone number:

Boarding Pet Information:

Pet Name	Breed	Sex	Age	Date of Rabies	Date of Bordetella/FeLV	Date of DHPP/FVRCP

Medication:

Medication Name:	Instructions:	Veterinarian's Name/Number

Boarding Items:

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Policy & Agreement:

Please initial after each statement.

<p>- I agree to make complete payment to this boarding facility at the time of discharge. _____</p> <p>- I certify that my pet is free of contagious disease, and has not bitten anyone within the past ten days. _____</p> <p>- I understand that my pet will be considered 'abandoned' if not picked up within ten days after departure date and will be handled in accordance with the requirements of the state law, and doing so does not relieve me of my financial obligations to this facility. _____</p> <p>- I am aware that a full day's board is charged first and last days, no matter what time my pet is admitted or released.</p> <p>- I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments including but, not limited to: weight loss/gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. _____</p> <p>- If my pet(s) identified on this record become ill, I request that Bellflower Pet Hospital & Hotel provide all medical/surgical treatment it deems necessary with fees not to exceed \$_____. _____</p> <p>- I acknowledge that the above named facility may not be able to contact me immediately but, are authorized to initiate appropriate treatment until my agent, or I, can be reached. _____</p> <p>- I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending Veterinarian. _____</p>

I have read the above statements and I am in full agreement.

Signature: _____

Date: _____