



Pet Medical Center-Chatoak
Medical Boarding Consent Form

Client ID#: _____

Client Name: _____

Primary Phone Contact #: _____

Alternate/Emergency Phone #: _____

(Name of alt. contact) _____

Date/Time Admitted: _____ Date Pick-up: _____ am/pm # days _____

Pet name: _____
Pet species: _____
Pet age: _____
M / F altered? Y / N

FEEDING: We will feed all pets twice daily unless you specifically want your pet fed only once daily.

We will be feeding: Owner's provided diet Hospital diet suitable for pet's medical condition.

My pet prefers to eat: Canned food Dry food Both canned and dry offered

Morning feeding instructions: _____

Afternoon/evening feeding instructions: _____

MEDICATION(S): Is your pet on any medications? Yes / No If yes, please fill out the area below.

Type: _____ How much/how often/time? _____

Type: _____ How much/how often/time? _____

Type: _____ How much/how often/time? _____

Type: _____ How much/how often/time? _____

Type: _____ How much/how often/time? _____

Additional medical information: _____

WALKS: Dogs will be taken out 3-4 times daily for a brief walk and chances to potty. If you have any specific instructions regarding your dog's outings, please let us know: _____

HOTEL ROOMS: Your pet will be provided with suitable bedding during his/her stay. Bedding is changed regularly to keep their area as clean and dry as possible. Cats will be provided with a litter box. We do not recommend leaving any personal items with your pet, but if you choose to do so you understand that *Pet Medical Center-Chatoak* is not responsible for lost or damaged items. I choose to leave the following (circle):

Toy(s) Collar Leash Blanket(s) Pillow(s) Bowl(s) Carrier Clothes

Description(s): _____

BOARDING FEES: As a veterinary hospital we provide only *medical* boarding as a courtesy to our clients. We realize it is often not easy to find care for your pet's medical conditions through regular boarding facilities or home care professionals. Therefore we charge a daily nursing care fee in addition to the regular boarding charge. The level of nursing care needed will depend on your pet's medical condition and care needs. The level needed for your pet will be assessed prior to admittance and marked below. The boarding care and nursing fees listed below are a daily charge (per 24 hours). The fees for my pet will be as follows:

- _____ Boarding Large Dog (over 55 pounds): \$43.70/day
- _____ Boarding Medium Dog (20-55 pounds): \$36.65/day
- _____ Boarding Small Dog/Cat (under 20 pounds): \$30.00/day
- _____ Nursing Care Level 1: \$33.75/day
- _____ Nursing Care Level 2: \$50.80/day
- _____ Nursing Care Level 3: \$70.85/day

MEDICAL ILLNESS POLICY: If your pet becomes ill, or his/her medical condition destabilizes to the point where additional treatment or diagnostics are needed, we will make every attempt to reach you or your emergency/alternate contact person listed above. However, if no one can be reached, please indicate your wishes below in case your pet needs treatment to alleviate immediate discomfort or to resolve an important medical condition/emergency:

_____ Please perform whatever treatments or diagnostics the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics. I authorize emergency treatment up to \$_____.

_____ Do not administer any medical treatment until specific authorization is given.

FLEA POLICY: All boarding animals must be free of fleas. If we see fleas we will administer a flea medication/preventative and this will be added to your boarding fees.

I, the undersigned owner or designated agent of the above listed pet, do hereby authorize *Pet Medical Center-Chatoak* (hereinafter designated "Hospital") to board my pet during the dates listed above. As the owner of said pet, I realize that I am responsible for the boarding and nursing fees, and any other associated costs and that these fees are to be paid in full at the time the pet is discharged. I understand that I need to notify the Hospital if there is to be any change of plans in my pet's scheduled release date. Per California law, if I do not pick up the pet within 14 calendar days of the above scheduled release date the Hospital will assume the animal is abandoned. If the pet is abandoned the Hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment does NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

I understand and am in agreement with the above form and policies.

Owner/Agent Signature _____ Date: _____