

MUIRLANDS ANIMAL & AVIAN HOSPITAL

Boarding Agreement

24174 Alicia Parkway
Mission Viejo, CA 92691
(949) 770-9015
muirlandsvet.com

Today's Date _____ Date of pick-up _____ AM PM

Owner _____ Additional Services: (see below) \$ _____

Table with 3 columns: Pet(s) Boarding, Circle all that apply (Bath, Clip, Trims), Date to be performed. Rows 1-4.

Person(s) to contact in case of emergency _____ Telephone Numbers _____

Special Instructions _____

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

DOGS: Rabies, DHPP, Bordetella, Intestinal Parasite/Giardia Test, Physical Exam

CATS: Rabies, FVRCP, Intestinal Parasite/Giardia Test, Physical Exam

AVIAN: Psittacosis/Polyoma/PBFD Test, Intestinal Parasite Test

If not up to date, or unable to provide proof of vaccination, I give permission to update my pet(s) vaccinations in accordance with the above policy. _____ (initial)

In addition, if any fleas/ticks are observed on you pet(s) while boarding, he/she (they) will receive treatment (Capstar) at the owner's expense. _____ (initial)

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional cost. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Please perform whatever services the doctor deems necessary for the best care of my pet(s) until someone can be reached. This includes only non-elective treatment and necessary diagnostics.

Choose One

_____ I authorize up to (check one and indicate amount) \$ _____ \$ 300 treat what is needed

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

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above-specified date. If circumstances change, I will notify Muirlands Animal & Avian Hospital of a new pick-up date. I understand that Muirlands Animal & Avian Hospital will use every reasonable precaution to assure my pets safety while in their care but will not hold the hospital responsible. I understand that Muirlands Animal & Avian Hospital does not have 24-hour staffing and my pet will not be monitored overnight. If my pet is not picked up within two weeks of the arranged date, or otherwise notified we may assume he/she to be abandoned and proceed as legal with the animal abandoned law acts of California State.

I hereby authorized _____ to pick up my pet/pets in case I am not available. (payment/picture ID required)

_____ Date

_____ Owner/Agent for Pet(s)

(See Reverse Side)

Food and Diet:

Please give my pet clinic food _____ (initials)

I brought my own food: _____ Wet or Dry Both
(Name of Food)

*Owner will be required to provide canned food or any special dietary preferences, no raw diets or cannabis products accepted in hospital.

For today did you already feed: Breakfast _____ Dinner _____ Allergies? _____

How often do you feed? 1x a day 2x a day all day

How much do you feed at each feeding? _____

Medications:

My Pet has no medications to be given during boarding _____ (initials)

My Pet has medications to be given during boarding _____ (initials)

Name/Dose/Strength	How Many Times per Day	Last Given:
1. _____	_____	on _____
2. _____	_____	on _____
3. _____	_____	on _____
4. _____	_____	on _____

Do you give medication with food/treats? Yes No

Were medications already given today? Yes No AM only

Special Instructions _____

Bathing and Grooming (Optional):

Nail Trim

Bath with Haircut

Bath

Anal gland expression