

ANIMAL MEDICAL CENTER OF SOUTHERN CALIFORNIA BOARDING FORM

We no longer accept blankets or beds as we will provide your pet with a soft blanket.
We are NOT responsible for any toys, carriers, leashes, or other items brought to AMC.

Pet's Name: " _____ "

Boarding From: ____ / ____ / ____ Until: ____ / ____ / ____ Estimated Pick Up Time: ____ : ____ AM/PM

Current Medical Problems: _____

*** If symptoms of kennel cough are present at arrival or during stay, treatment will be performed at owner's expense.*

Medications (Name & Instructions): _____

***There will be an extra charge for administration of medication and supplements.*

★VACCINATIONS★

****WE REQUIRE ALL VACCINATIONS TO BE CURRENT(prior to boarding)****

Please **circle** and **initial** all vaccinations that are needed to be given:

DOGS: Rabies	_____	CATS: FVRCP	_____
DHLP	_____	FELV	_____
Parvo	_____	FIP (recommended)	_____
Corona	_____	RABIES	_____
Bordetella	_____		

★FOOD★

Did owner bring personal food? **YES NO** *We feed 2 times a day unless indicated by owner.*

Feeding Instructions: _____

*** We provide sensitive stomach food. If your pet requires a special diet you can purchase it upon check in***

★CARRIER★

Did owner bring carrier? **YES NO** If YES, Description: _____

★GROOMING★

Does pet need a bath? **YES NO** (Baths are done on the day of pick up)

***If your pet is infested with fleas at arrival, a flea bath will be provided at owner's expense.*

If Yes, which bath?(please circle one) **Regular Medicated Flea/Tick**

Any dematting/brushing? **YES NO** ****\$10.00 per 15 minutes****

★INFORMED CONSENT★

IF YOUR PET REQUIRES ATTENTION WHILE BOARDING, DO WE HAVE YOUR PERMISSION AND CONSENT TO PROVIDE ANY AND ALL TREATMENTS THAT MAY BE NEEDED?	YES _____ <i>initial</i>
	NO _____ <i>initial</i>

Owner's Signature: _____

Date: _____

Print Name: _____

Phone #: _____

Emergency Contact Person: _____

Emergency Contact #: _____

