

ANGELES CLINIC FOR ANIMALS  
BOARDING ADMISSION

**Please bring completed form with you when you drop off.**

**Boarding drop offs and pick up are as follows:** 8 AM to 6 PM Monday through Friday  
Saturday from 9 AM to 1 PM.

**Client Information**

Name:

Home Phone:

Cell Phone:

E-mail:

Name:

Breed:

Color:

Sex: Age:

**Pet Information**

Boarding dates: Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Who should we contact in case of emergency?

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Is your pet currently taking any medications? If so, please provide the following information.

Medication Name	Dose	Frequency	Next dose due

**Please note:**

**All prescriptions must be provided in their original prescription containers.**

**A medication administration fee may be applied.**

Do you need any of your pet's medications refilled while he/she is boarding? **YES NO**

If yes, list: \_\_\_\_\_

Does your pet receive monthly flea prevention? **YES NO**

**If fleas are found on your pet, a flea treatment will be applied at your expense.**

We will do our best to keep any personal items with your pet and make sure they go home with you at the end of his stay. Please list any personal items you will leave with your pet.

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**DIET**

Is on a special diet? **NO** **YES** \_\_\_\_\_

Are you providing your own food while your pet is boarding? **YES** **NO**

If yes, list: \_\_\_\_\_

If not, your pet will be fed Hill's Science Diet while boarding.

How often does your pet eat? (circle) Twice daily      AM only      PM only

How much food does your pet eat per meal? \_\_\_\_\_

Any other feeding instructions? \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

All boarding pets are required to be up to date on all core vaccinations – DHPP, Rabies, and Bordetella for dogs; FVRCP and Rabies for cats. Please provide vaccine records if we have not vaccinated. If your pet is not up to date on vaccines, they will be administered at admit to boarding. If your pet needs vaccines and has not had a wellness visit within the last year, a wellness exam will also be performed. A wellness exam is NOT required if vaccines are current. Please ask your Customer Service Representative if you have any questions regarding our vaccine policy.

**MEDICAL ILLNESS POLICY**

One of the advantages of boarding your pet at Angeles Clinic for Animals is that veterinary attention is readily available should the need arise. If your pet becomes ill during his stay, we will attempt to contact you at the number provided above before providing medical care. If your pet requires emergent care, we will administer what is necessary for stabilization or pain relief until you can be reached, unless you indicate otherwise below.

Please indicate below the level of care we can provide for your pet in the event he needs medical attention and we cannot reach you.

\_\_\_\_\_ Please perform any services the doctor deems necessary for the best care of my pet. This includes non-elective procedures, diagnostics, and medications.

\_\_\_\_\_ Give my pet the highest care, but not to exceed \$ \_\_\_\_\_. I understand that if the proposed treatment plan exceeds the amount designated, Cooper will not receive further medical treatment (beyond basic supportive care) until I can be contacted.

\_\_\_\_\_ Do not administer medical treatment of any kind without direct authorization. This includes life-saving treatment.

I understand that the staff of Angeles Clinic for Animals uses all reasonable precautions against injury, escape or death while boarding. The clinic and staff will not be held liable for any problems that develop, such as self-inflicted injuries or illness contracted from the other boarding pets (kennel cough, stress-related diarrhea, or vomiting), provided reasonable care and precautions are followed.

I understand that any problem that develops with my pet while I am gone will be treated as deemed best by the staff veterinarians according to the instructions given on the medical illness policy statement on this form.

I understand that all services, other than the daily boarding rate, incur additional fees. I will be responsible for these fees at the time your pet is picked up from boarding.

**I have read the Angeles Clinic for Animals boarding admission form and agree to the stated conditions.**

**Client signature** \_\_\_\_\_ **Date** \_\_\_\_\_