

## PLAZA DEL AMO ANIMAL HOSPITAL – CANINE BOARDING STAY

3430 Fujita Street, Torrance, CA 90505  
 310-530-5511 (phone) 310-530-8650 (fax)  
 Email: [plazadelamo@nvanet.com](mailto:plazadelamo@nvanet.com)  
 Like us On Facebook and Yelp

Monday – Tuesday 7am to 7pm  
 Wednesday – Friday 7am to 6pm  
 Saturday 8am to 4pm  
 Sunday 1pm – 4pm – Pick Up Only

**How Did you Hear About Us? Select Referral** **New Client?**  Yes **Plaza Acct #** <number>

<b>Name:</b> <first-name> <last-name> <b>Address:</b> <address> <city>, <st> <zip> <b>Phone:</b> <area>-<phone> <b>Cell:</b> <cell-phone> <b>Email:</b> <e-mail>	<b>Check in:</b> Click here to enter a date.	<b>Check Out:</b> Click here to enter a date.
	<b>Emergency Contact:</b> [Redacted] <b>Phone Number:</b> [Redacted]	
	<b>Current Vet:</b> [Redacted] <b>Phone Number:</b> [Redacted]	
<b>Name:</b> <animal> <b>Breed:</b> <breed> <b>Sex:</b> <sex-name> <b>Birth day:</b> <birthday> <b>Color:</b> <color>	<b>► My Pet is:</b> <input type="checkbox"/> Calm <input type="checkbox"/> Playful <input type="checkbox"/> Barker <input type="checkbox"/> Climber/Jumper <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> Dog Aggressive <input type="checkbox"/> People Aggressive <input type="checkbox"/> Shy or Submissive <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <b>Other:</b> [Redacted]	

**► VACCINE REQUIREMENTS:** My pet's vaccines are current and/or I will provide updated vaccine documentation, for the following Required Vaccines:  Rabies  DAP (Distemper-Parvo Combo)  Bordetella [Redacted] Initials  
***NO Vaccine Waivers are accepted.*** IF there is a VALID MEDICAL REASON why your pet should not be vaccinated against Distemper-Parvo or Bordetella, an Annual Letter from your Veterinarian stating the reason will be considered. (\*NO waiver letters accepted for Rabies vaccine)

**► EXAM:** Do you want to schedule an Exam with a Veterinarian for your Pet?  
 No  YES Reason: [Redacted]

**► GROOMING:**  Bath/Trim  Regular Bath  \$20 Dry Bar\* \*Dry bar EXCLUDES Nail Trim, Anal Glands, and Ear Wiping  
 Special Instructions: [Redacted]

**► FLEA PROTOCOL:**  My pet received their last dose of flea preventative on: [Click here to enter a date.](#)  
**► Brand of Product Used:** [Redacted]  
 I agree to the flea protocol, as described on the Annual Boarding Contract and understand additional fees will apply if my pet has evidence of fleas or is not adequately treated with a flea control product. [Redacted] Initials

**► BOARDING OPTIONS:** ***Choose a Type of boarding***

<b>❶ Classic Boarding</b> – By weight, Includes 2 Walks <b>Category :</b> <i>Select a Category Here</i> ↓ (Buddy Boarding \$2 off each pet)	<b>❷ Luxury Boarding</b> – Includes 4 Walks, Daybed, Acoustic Music, Webcam (\$6, if available) <b>Category:</b> <i>Select an Option Here</i> ↓ Inspection of Cottage at Drop-Off Required
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**► COMPLIMENTARY SERVICES:** Please check any items you would like your pet to receive  
 Pet Keeper/House Diet  Pro-Biotic  Bedding  Treats\*  OR I decline all of these Services  
 \*Treats are not recommended for pets with Food Allergies or a Sensitive Stomach

**► EXTRA SERVICES:** 15 mins each. Please check any services you would like your pet to receive  
 Playtime \$6.50  Cuddle & Hugs Time \$6.50  Brush Time \$6.50  Additional Walks \$6.50  
 Frequency: \_\_\_\_\_ times per day \*Unless Frequency noted, checked services will occur daily.

**► FEEDING INSTRUCTIONS:**  
 Feed Pet Keeper/House Diet (Purina EN is a prescription diet formulated to promote GI health - contains chicken)  
 Feed Owner's Diet\* **Please label ALL food.**  
**How Much and How Often?**  WET  DRY [Redacted]  
 \*If your pet has Food Allergies or a Sensitive Stomach, please bring ample supply of your pet's regular diet to feed.

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► **MEDICATIONS:** – *Pets with some medical conditions may require a pre-boarding exam*

**There is a \$5.50 Fee Per Administration of Meds:** \_\_\_\_\_ **initials** (Example: if meds are given twice a day total fee is \$11 per day)

Name of Medication	Strength	Dosage and Frequency	Reason for Taking?
A			
B			
C			
D			
E			

► **ILLNESS/INJURY SITUATIONS:**

I understand that every effort will be made to contact me should an illness/injury or emergency situation arise.

I authorize Plaza Del Amo Animal Hospital (PDAAH) to provide all treatment (medical or surgical) it deems necessary, if my pet develops an illness or injury, with fees not to exceed \$ \_\_\_\_\_ **Amount**.\*

*\*IF \$0.00 is entered, NO non-emergency or non-life-threatening conditions will be treated.*

I acknowledge that in the event of my pet's illness or injury, the staff at Plaza Del Amo Animal hospital (PDAAH) may not be able to contact me or my Emergency Contact immediately. If imminent risk of death is not identified, procedures or services will not be performed to treat non-emergency or non-life-threatening conditions, if the fees exceed the amount indicated above. I understand that my pet will likely need to have treatment(s) in the future, at my expense. And, this may pose a risk to my pet, including death. \_\_\_\_\_ **Initials**

**Note:** Owner consent regarding treatment of life-threatening or life or death emergencies is addressed in the Boarding Contract.

This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair/coat, kennel cough, upper respiratory infection, canine influenza, diarrhea, or fleas.

Plaza Del Amo Animal Hospital and Pet Keeper is **NOT RESPONSIBLE FOR LOST OR DESTROYED PERSONAL ITEMS.**

<first-name> <last-name> \_\_\_\_\_ Date: **Choose Date**

(Owner or Agent Typed name is Electronic Authorization)

I Accept - **Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.

\_\_\_\_\_ Date: **Choose Date**

Reviewed by PDAAH Staff

**For Plaza Use Only:** Boarding Contract on File   
 Vaccines Verified  Medications  Grooming Scheduled  New Client Form  Exam Scheduled   
 Check-in Sheet  Drop-off/Anesthetic Form  Notes: \_\_\_\_\_