

## PLAZA DEL AMO ANIMAL HOSPITAL – FELINE 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"/> Active <input type="checkbox"/> Playful <input type="checkbox"/> Shy <input type="checkbox"/> Vocal <input type="checkbox"/> Even Tempered <input type="checkbox"/> Curious <input type="checkbox"/> Proceed with Caution <input type="checkbox"/> Escape Artist <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <b>Other:</b> [redacted]
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▶ **VACCINE REQUIREMENTS:** My pet's vaccines are current and/or I will provide updated vaccine documentation, for the following Required Vaccines: ➔ FVRCP [redacted] Initials  
**NO Vaccine Waivers are accepted.** IF there is a VALID MEDICAL REASON why your pet should not be vaccinated against FVRCP, an Annual Letter from your Veterinarian stating the reason will be considered.  
*Note: Rabies vaccine is required for Cats receiving Grooming Services*

▶ **EXAM:** Do you want to schedule an Exam with a Veterinarian for your Pet?  
 No  YES Reason: [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 (check one)***

❶ <b>Basic Feline</b> – Includes Daily Housekeeping <b>\$20 Per Day</b> <input type="checkbox"/> <i>(Buddy Boarding \$2 off each pet)</i>	❷ <b>Window/Garden View</b> – Includes Window View and Daily Housekeeping <b>\$22 Per Day</b> <input type="checkbox"/> <i>(Buddy Boarding \$2 off each pet)</i>
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▶ **COMPLIMENTARY SERVICES:** Please check any items you would like your pet to receive  
 Pet Keeper/House Diet  Pro-Biotic  Toys  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  
 Frequency: [redacted] 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.*

▶ **MEDICATIONS:** – ***Pets with some medical conditions may require a pre-boarding exam***  
**There is a \$5.50 Fee Per Administration of Meds:** [redacted] initials (Example: given twice a day total fee is \$11 per day)

