



# Desert Dunes Animal Hospital

*From the time your pet arrives at Desert Dunes Animal Hospital until they go home, your pet will be pampered and cared for by our loving boarding staff.*

Owner's Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Pickup: \_\_\_\_\_ Species: CANINE - FELINE

**VACCINATION POLICY - All pets left for boarding must be current on ALL required vaccines:**

CANINE: Rabies\_\_\_\_ Bordetella\_\_\_\_ Da2pp\_\_\_\_ Influenza\_\_\_\_  
FELINE: Rabies\_\_\_\_ FVRCP\_\_\_\_ FVRCP/LEUK combo booster\_\_\_\_

**BEDDING:** Is it ok for your pet to have bedding? YES or NO **BELONGINGS:** Please circle what items you are leaving:

TOYS                      COLLAR                      LEASH                      BEDDING                      CARRIER

Description(s): \_\_\_\_\_ (Desert Dunes is not responsible for lost items)

**FEEDING INSTRUCTIONS: OWN FOOD or HOSPITAL STOCK**

AM Amount: \_\_\_\_\_

PM Amount: \_\_\_\_\_

Treats/Additional feeding: \_\_\_\_\_

**SERVICES WE OFFER: Please check if wanted:**

Nail Trim \_\_\_\_\_

Ear Cleaning \_\_\_\_\_

Anal Gland Expression \_\_\_\_\_

Canine Bath Only \_\_\_\_\_

**MEDICATIONS:**

Medication: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_  
Medication: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_  
Medication: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

Pre-existing conditions: \_\_\_\_\_

**DOES YOUR PET NEED AN EXAM BY A VETERINARIAN? YES or NO**

If yes please fill out the following:

Reason for visit: \_\_\_\_\_ Duration of problem: \_\_\_\_\_ Preferred VET: \_\_\_\_\_

List any other problems noted: \_\_\_\_\_

**IS YOUR PET SCHEDULED FOR A SURGICAL PROCEDURE WHILE BOARDING? YES or NO**

If so, what procedure: \_\_\_\_\_

1. Vaccination Policy: To insure the protection of all pets under our care, Dogs and Cats must be up to date on vaccinations listed above. If my pet is not current on all above vaccinations, I give permission to Desert Dunes Animal Hospital to update the vaccinations in accordance with the policy above.

2. Medical Illness Policy: If your pet becomes ill, we will call the emergency number listed regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, we at Desert Dunes Animal Hospital will perform whatever services the doctor deems necessary for the best care for your pet. This includes only non-elective treatments and any necessary diagnostics.

3. Boarding Overnight: I understand the conditions for boarding my pet at Desert Dunes Animal Hospital; I acknowledge that there are not employees that stay here overnight.

4. By Signing this release and waiver I am agreeing to hold Desert Dunes Animal Hospital and its employees harmless from any and all claims, damages or injuries. I have read and understand the above terms. I accept all financial responsibility for services rendered.

5. If your animal is abandoned and failure to pick up California Civil Code 1834.5 will be enforced.

Signature \_\_\_\_\_

Today's date \_\_\_\_\_