



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

Email: _____ Can your pet interact with other friends? YES - NO

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 _____