



**Animal
Hospital
of Irvine**

BOARDING ADMISSION FORM

Date _____

Client _____ Pet _____

Date of Pick Up _____ AM/PM (circle)

Emergency Contact (Name/Phone #) _____

Diet AHI or Owner's Amount Dry _____ Can _____ Frequency _____

Medications _____

Dosage and Frequency _____ Start Date _____ AM/PM (circle)

Items Left with Pet(s) Carrier Bed/Blanket Toys
 Other _____

Personal items are left at your own risk. We are not responsible for loss or damage.

Bath Yes No There is a 20% discount on baths for pet boarding 5 or more nights

Vaccination History

Date of last Rabies vaccination _____

Date of last DA2PP/FVRCP vaccination _____

Date of last Bordatella vaccination _____

If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccination. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Exam and vaccine(s) administered at this facility will be added to your bill.

Non-Emergency Care

Every boarding pet receives a complimentary technician examination upon admission. If a problem is noted, I authorize Animal Hospital of Irvine to perform one of the following:

Call to discuss recommendations Discuss recommendations at time of pick up

Emergency Care

I authorize Animal Hospital of Irvine to do whatever is necessary to ensure the safety and well-being of my pet(s) should an emergency arise. Animal Hospital of Irvine will attempt to contact me, if possible, prior to treatment. I accept full financial responsibility generated by such services and agree to pay all boarding, bathing, medical, and professional fees when I pick up my pet(s). I have read the above and fully understand the terms thereof.

Signature _____ Date _____