

P: 650.583.5039 F: 650.763.8620

1111 El Camino Real, San Bruno, CA 94066 | sanbrunopet.com

Boarding Agreement

			_	
Anima	al Infor	mation		
Pet Name:				Owner Name:
Arrival Date:		Departure Date:	Species:	Breed:
Age:	_ Sex: _	Weight:		
	You m	ust agree to the follow	ing terms to board your _l	oet at San Bruno Pet Hospital.
understanding, an inquire office pers	nd agreei sonnel if	ng to the terms and conditi there is anything you do no	ions explained below. This agre	ort. Boarding is conditional upon your reading, eement will apply to all future boarding stays. Please would like further clarification. Thank you for taking with us.
1. Daily Charges				
Additional charges	s will app	ply for every individual adm		f arrival time and include two walks per day. medical services, and grooming, whether it is pet.
2. Veterinary Me	dical Ne	eeds and Fees		
examination with veterinary services injury. Sometimes and as a condition	the atter s- wheth we mus n for boa d if I am	nding veterinarian. All servi er it is a result of signs or s t make decisions regarding rding, require the authority	ces required will be paid for by ymptoms of contagious, infect care in your absence. We have	or any reason, we will schedule the pet for an of the pet owner regardless of the nature of the ious disease, parasitic infection or the result of an your pet's best interest in making these decisions, ender services for which you will be charged. I will be all to do any necessary
•		tion, and Parasite Contro	al Policy	
All pets entering t and free of extern their effectiveness and you will be ch	he board al parasi s. If you d arged fo	ling center must be current tes. We recommend all pet do not have proof of examin	on all required vaccinations, hese vaccinated a minimum of nation or vaccination at the timecessary vaccines required by	nave had an exam by a veterinarian in the past year, 2 weeks prior to boarding. Failure to do so may lessen ne of arrival, we will examine and vaccinate your pet the attending veterinarian. If external parasites are
		d a flea prevention within t Ir pet, treatment will be app		product for an additional fee. If external
What do you use f *Flea collars are a safet		ontrol? hile boarding and cannot be worn	When was it last applied in the hospital.	?
4. Abandonment	t			
If the pet is not pic California Abando			harge date (), it will be conside	ered abandoned and will be handled according to the
5. Personal Item	s			
				ry to keep track of these items, however, we cannot

You are welcome to leave personal items for your pet (toy, scent item, etc.) We will try to keep track of these items, however, we cannot guarantee their return. It is your responsibility to request the return of personal items at time of pickup. Items found after your departure will be held in the lost and found for 48 hours. Bedding is allowed however we cannot guarantee it will be returned clean or undamaged.

6. Guarantee

We make every effort to provide a safe, secure and healthy environment for your pet. We cannot, however, make a guarantee that your pet will not be exposed to contagious disease, or that your pet cannot escape or injure him/herself. San Bruno Pet Hospital agrees to provide the best environment and care we are able to give. We want your pet to love us, like your pet loves you!

I have read and agree to the terms above:

Owner signature: Date	.e:
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Boarding Agreement Cont.

Emergency Contact Information	
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	
Netationship.	
Medications (include last date given and dosage):	
Please Pl	rovide all Medications from home in their original containers.
Boarding History Has your pet experienced any of the follow	ring while boarding: (check all that apply)
☐ Aggression ☐ Vomiting ☐ Diarrhea ☐ Stopped Eating	□ Weight Gain □ Weight Loss
Other:	
Additional Services Additional charges will apply for service	es (inquire for pricing)
☐ Three Daily Walks (One morning and one evening walk are already included in the daily boarding fee)	 Pre-dental screening and pre-anesthetic lab work for dental prophylaxis
□ Nail Trim	☐ Three or six months supply of flea control
☐ Bath (including courtesy pedicure if applicable):	☐ Prescription refill request:
If yes, Date:	Name of Drug:
Time for pick up:	□ Other:
☐ Stool specimen examination for internal parasites	
☐ Physical examination with veterinarian	
☐ Heartworm testing or Felv/Fiv testing	