

**Boarding Agreement**  
The Animal Clinic  
45 Cronin Drive  
Santa Clara, CA 95051  
Telephone: (408)241-8200

Drop off date: \_\_\_\_\_ Pick-up date: \_\_\_\_\_

Owner's Name \_\_\_\_\_

File number: \_\_\_\_\_

Names of pets boarding:	Medications:	Bath:	Vaccinations
	(check if applicable)		

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact:

Phone Number(s): \_\_\_\_\_

Belongings: \_\_\_\_\_

\_\_\_\_\_

**FOR YOUR PET'S HEALTH**

**Vaccination Policy**

To ensure the protection of all pets under our care, the following must be up to date:

**Dogs:** DHLPP, Bordetella, Rabies, and Fecal (in last year)

**Cats:** FVRCP, Rabies, and Fecal (in last year)

If not up-to-date or unable to show proof of vaccination, I give permission to update my pet(s) vaccinations in accordance with the above policy \_\_\_\_\_

Initial Here

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath/dip at the owner's expense. \_\_\_\_\_

Initial Here

**Medical Illness Policy:**

If your pet(s) becomes ill, we will call the emergency contacts listed above regarding your pet's symptoms, treatment options and estimates of additional costs. If no one can be reached, however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition. Please Check One:

Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics

\_\_\_\_\_ I authorize up to \$ \_\_\_\_\_ in medical care until someone can be reached

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date