

BRANDNER VETERINARY HOSPITAL

347 LAKEVILLE STREET, PETALUMA, CA, 94952, 707-762-3549

DR. NICOLE JAGGI DR. KARLTON PFANN

For Office Use Only								
DAP	Lepto	Bordetella	Rabies	FECV	Daily Rate	Meds	Bath	Initials

Boarding Agreement

Please call prior to picking up your pet!

Please drop off before 5 pm on Mon-Fri and 12 noon on Sat.

Please pick up during regular office hours (Mon-Fri 8 am-noon, 2 pm-5:30 pm, Sat 8 am-noon).

Pet _____ Owner _____ Date _____

Phone Number Where You Can Be Reached (if applicable): _____

Emergency Contact Person _____ Phone # _____

Emergency Contact Person _____ Phone # _____

Expected Pick Up Date: _____ Estimated Pick Up Time: _____ AM/PM

Dry Food: _____ #Cups: _____ #Per Day: _____

Pet's Normal Diet

Wet Food: _____ #Cans/Portions of Can _____ #Per Day: _____

Medications (type, amount, frequency, when last given): _____

Pet's Belongings: Carrier Leash Food Treats Toy Other _____

Would you like your pet bathed? (25% discount): Yes/No

Special Instructions:

BOARDING REQUIREMENTS

To insure protection from contagious diseases for all pets under our care, we require written proof of current vaccinations. We will update the vaccinations as needed.

		Required	Vaccinations	
Dog	DAP	Rabies	Bordetella (Kennel Cough)	Lepto
Cat	FECV	Rabies		

If fleas or ticks are observed on your pet while boarding, we will need to treat with appropriate flea or tick control.

If your pet requires a special diet, and this diet is not provided by you, we will attempt to serve your pet with the identical food or an appropriate substitute. You may be charged for this service.

BOARDING CARE

Your pet will be a member of our family while staying here, and we will do everything possible to keep him or her comfortable, happy, and healthy in your absence. All animals will be kept on the premises unless, in special cases, the owner gives consent. Reasonable precautions will be used against injury, escape, or death. The premises will be kept sanitary, maintained, and enclosed. All animals will be kept clean and dry, and they will be fed properly and regularly.

MEDICAL ILLNESS POLICY

In the unlikely event that your pet should require medical attention, we will call the emergency number(s) listed above. If you or the emergency contact person is unavailable for timely decisions regarding health care options, which of the instructions below would you like us to follow? **Please initial ONE of the following:**

- Please perform procedures, diagnostics, and treatments deemed necessary for the best care of my pet.
- Until authorization is approved, please limit any procedures, diagnostics, and treatments to the following (please check one): \$50 \$100 \$200 \$_____.
- Until authorization is approved, please limit treatments to pain relief. I understand that if my pet were to die as a result of this choice, I will not hold Brandner Veterinary Hospital or its staff responsible for my pet's death.

ABANDONED ANIMALS

Abandoned animals will be handled in accordance with section #1834.5 of the Civil Code.

CONSENT

I fully intend to pick up my pet(s) during regular office hours on the above specified date. If circumstances change, I will notify the hospital of a new pick-up date. If I am unable to provide written proof of current vaccinations, I authorize the veterinarian to examine my pet(s) and update the vaccinations in accordance with the boarding requirements stated above. If fleas or ticks are observed on my pet(s), I authorize treatment. I agree to pay for all charges incurred by my pet(s) at the time of release.

SIGNATURE

I have read this entire agreement, and I understand all of its content. I am the legal owner or authorized agent of the animal(s) listed.

Owner/Agent's Signature _____ Date _____

If you are not the owner of the pet(s), please print your name and relationship to the owner:

Agent's Name _____ Relationship _____