



CALABASAS ANIMAL CLINIC

4937 Las Virgenes Road
Suite 101, Calabasas, CA 91302
Phone: (818) 880-0888
Fax: (818) 880-1063

Boarding Admission Form

Owner's Name: _____

Pet's Name: _____

REQUIRED FOR BOARDING:

DOGS- Must have current exam; DAP, Rabies, & Bordetella vaccinations; and a Stool Sample (to test for intestinal parasites)

CATS- Must have current exam; FVRCP & Rabies vaccinations; and a Stool Sample (to test for intestinal parasites)

PICK-UP DATE: _____ AM PM **BATH (includes nails/anal):** Yes No

FOOD: Own Food Our Food "Purina EN" **FEEDING SCHEDULE:** _____

EXTRA PLAY-TIME W/ STAFF: Yes No (ADDITIONAL CHARGE OF \$10/day)

EXTRA PLAY-TIME W/ OTHER DOGS: Yes No (if YES need to sign release liability)

OWNER RELEASE: We use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop. I understand that if any problem develops with my pet while I am absent, they will be treated as deemed necessary by the Veterinarian, and I will assume FULL responsibility for the treatment expense involved.

If I neglect to pick up my pet within five (5) days of the date above, and do not notify the clinic within that time period, the clinic will assume that your pet has been abandoned. The clinic is hereby authorized by the California State Abandonment Law to assume ownership and do what is deemed fit for the animal. The owner will take full responsibility of charges that accrue. We do not have staff on premises over night.

We are a flea free clinic, if fleas are seen we will give a pill called CAPSTAR to KILL all fleas. There is an \$8.00 charge per incident.

OWNER/AGENT: _____ **DATE:** _____

EMAIL ADDRESS: _____

EMERGENCY PHONE NUMBER(S): _____

PROBLEM(S) TO CHECK OR TREAT: _____