



Santa Margarita Animal Care Center

30052 Santa Margarita Pkwy, Rancho Santa Margarita, CA 92688
(949)858-3181 www.rsmanimalcare.com

Canine Comfort Boarding Agreement

Pet Name: _____
Last Name: _____
Age: _____
Breed: _____
Sex: _____

To insure the protection of pets under our care and to prevent the spread of infectious diseases, all boarding pets must be current on their core vaccines and also have had a negative intestinal parasite test result within one year.

Proof of your pet's vaccination record is required at the time of admission or vaccines will be given by SMACC at current price.

Required Vaccinations:

DHPP: Current Due*
Bordetella: Current Due*
Rabies: Current Due*
Intestinal Parasite Screen:
 Current Due*

I give SMACC permission to update my pet's vaccinations in accordance with the above policy. Please initial: _____

***A physical exam by an SMACC veterinarian within the last 12 months is required when giving vaccinations.**

Dr Exam: Current Due*

***A Physical Exam fee will be charged**

Are there any health concerns that you would like one of our Doctors to address while your dog is boarding with us?

No, I do not want my dog to be examined at this time.

Yes*, I would like a physical exam for my dog. Please examine for:

***A Physical Exam fee will be charged**
Drop Off Sheet

Optional Vaccination/Procedure:

Lyme: Current Give
Rattlesnake: Current Give
Heartworm Test: Current Give
Nail Trim: Give
Anal Glands Expressed: Give
Conditioning Bath: Give

I plan to pick up in the AM, please bathe the day before. Date: _____

Apply Vectra with bath: Give

*Other: _____

Anesthesia Form

Vaccines and Procedures will be charged at current posted rate.

Please initial: _____

Reservation Dates: _____ to _____ Pick up Time: _____ am/pm

****Kennel to be shared with another dog(s)? No, Yes, pets listed below:**

Pet(s) names: _____, _____ & _____

**** discounted fee applies to the additional pet(s) in the same family only**

I voluntarily request that SMACC board my pets in the same run or kennel. I understand this to mean that my dogs will be housed together for the duration of their stay, unless problems arise.

I hereby voluntarily release SMACC, its employees and agents from any and all responsibility or liability arising from injury or damage inflicted by one of my dogs on another during their stay.

I understand that in the event of such injury or damage, I am liable for all charges of medical services provided by SMACC for treatment of said injuries or damage.

I understand that in the event of aggressive behavior directed against one of my pets by another, that they will be separated and housed individually for the remainder of their stay. I also understand that I am responsible for any additional boarding charges that may apply in order to achieve that separation.

If your dogs are sharing a kennel together, Please initial: _____

Please Feed Separately

Feeding Instructions:

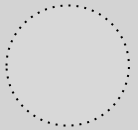
Feed the hospital provided premium diet - Royal Canin Gastrointestinal Low Fat dry canned

Personal pet food labeled & pre-bagged, brand: _____

Free feed dry food.

Feed _____ cups of dry food _____ times a day (am / pm)

Feed _____ can of wet food _____ times a day (am / pm)



Medication to be given? No Yes *

Treatment Sheet

I request a refill of: _____ / _____

*** See posted list for current rate**

All dogs will have a morning and evening walk and/or play-time. Your dog will be walked on a choker-type leash and every reasonable care will be taken to protect your pet. If you would like additional walks or play-times, please indicate below:

I would like 1 or 2 additional walk(s) or play-time(s). * See posted list for current rate

Please initial: _____

In the event of an emergency and Santa Margarita Animal Care Center (SMACC) is unable to reach me at the emergency phone number(s) I provided below, I authorize SMACC to provide any necessary emergency medical treatment to save the life of my pet and I agree to pay for all treatment provided. Please initial: _____

Yes, provide life saving care. Do not provide any medical care until authorization is given.

Santa Margarita Animal Care Center cannot guarantee the health of any animal, but pledges to give appropriate care as permitted by owner to all boarded pets. By signing below, I agree to hold this facility harmless for conditions that are often unavoidable in boarding environments, including but not limited to; weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea. Please initial: _____

I understand that Santa Margarita Animal Care Center is not responsible for items left during boarding such as: toys, towels or blankets, and that they DO NOT accept collars, leashes, bedding or carriers. Please initial: _____

In accordance with CALIFORNIA ABANDONMENT LAWS, (Sections 1834.5 and 1834.6 of the Civil Code), Santa Margarita Animal Care Center is hereby authorized to make any necessary arrangements for said animal unless discharged to the owner or authorized agent within fourteen (14) days of the date that this pet is scheduled to be discharged. I understand that in the event of such arrangement, I am liable for all accrued charges of services rendered plus legal and/or court costs incurred with collection for those services. Please initial: _____

CONTINUOUS PRESENCE OF QUALIFIED PERSONNEL AFTER BUSINESS HOURS MAY NOT BE PROVIDED AT ALL TIMES [B&P CODE, 2030 (C)]

***** HOSPITAL POLICY IS THAT ALL CHARGES ARE DUE AND PAYABLE UPON PET'S DISCHARGE *****

I understand this policy, as well as any estimated fees. Also, I understand that SMACC may request a deposit.

Pet Owner/Agent Signature: _____ Date: _____

Emergency Phone Number(s): (_____) _____ or (_____) _____

Family/Friends allowed to pick up pet(s): _____