



Boarding Waiver

(760) 634-2022
285 N. El Camino Real, Suite 105 Encinitas, CA 92024

Date: _____
Pet Name: _____
Your Name (first last): _____

Standard Boarding Includes
❖ Accommodations in cage or run*
❖ Twice daily meals
❖ 3-4 walks per day
❖ TLC by a professional!
**Facility staffed 7:30am-7:30pm*

➔ Check-In Date: _____ Check-Out Date _____ /Time _____

BOARDING FEES & POLICIES

BOARDING FEES & GUIDELINES: Boarding fees are charged for **each night** your pet is present in the hospital, **up until 10am** the next morning. Regular boarding rates includes the services listed above. **An additional half day will be charged for pickup after 10am.**
ADDITIONAL FEES: Additional fees will apply for administration of medication or "advanced care" boarding (pets who require special care such as young puppies or very old/infirm patients).

PETS BOARDED TOGETHER: If you have bonded pets, you may have your pets boarded in the same cage, with discounted rates. If you are boarding multiple pets who may be aggressive towards each other, they will be kept separated.

- I WOULD LIKE MY PETS BOARDED TOGETHER MY PETS CANNOT BE BOARDED TOGETHER
 MY PETS ARE NOT AGGRESSIVE TOWARDS EACH OTHER MY PETS MAY BE AGGRESSIVE TOWARDS EACH OTHER

PET TEMPERMENT: Please let us know if your pet has any known history of fear reactions or aggression, so we can take necessary precautions to ensure the safety of your pet and our staff.

- MY PET HAS NOT SHOWN AGGRESSION TO PEOPLE/PETS MY PETS IS ANIMAL REACTIVE MY PETS CAN BE AGGRESSIVE TO HUMANS

DESTRUCTIVE BEHAVIOR: If your pet is known to chew leashes, toys or bedding, please let us know.

- MY PET DOES CHEW BEDDING/LEASHES/TOYS MY PET DOES NOT CHEW BEDDING/LEASHES/TOYS

VACCINE & EXAM POLICY

Vaccine Policy: For the safety of your pet and our staff, all pets boarding with us must be current on standard vaccines. If any required vaccinations are past due, your pet must be updated before boarding with us. Vaccines administered at this facility will be charged accordingly.

Required Vaccines **Dogs:** Rabies DAPP (annual titer accepted) Bordatella
Cats: Rabies FVRCP (annual titer accepted)

Exam Policy: All pets boarding with us must be current hospital patients. Pets 7 years and under must be current on their yearly examination with one of our veterinarians. Senior pets (dogs & cats 8 years and older) must have been examined by one of our veterinarians within the last 6 months.

I understand that my pet is overdue for the following preventatives. I authorize All Pets Animal Hospital to update the following:

Staff Complete _____ Initial: _____

PARASITE POLICY

We make every attempt to keep our facility **parasite free**. To assist in this effort, we require that all pets be on a current (monthly) **flea control protocol**. Upon admission, your pet will be "flea comb" to confirm flea free status (you are welcome to be present for this). **Any pet that is 1) not on a flea control protocol and/or 2) is found to have fleas will be given a Capstar tablet** to kill any fleas present on the pet. This medication lasts for 24 hours. Your pet will also be flea combed on discharge from our facility. **Additionally, all boarding pets must have had a "negative" fecal screen within the last 12 months.**

MEDICAL EMERGENCIES

We make every attempt to keep your pet as safe and happy as possible during their stay with us. In the event that your pet becomes ill while in our care, we will make every attempt to contact you. If we cannot contact you, we ask that you provide an emergency contact who can make medical decisions for your pet.

➔ I CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBER(S): _____

I CAN BE CONTACTED VIA THE FOLLOWING EMAIL ADDRESS: _____

EMERGENCY CONTACT 1: _____ CONTACT NUMBER: _____

EMERGENCY CONTACT 2: _____ CONTACT NUMBER: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW: I understand that All Pets Animal Hospital will make every attempt to contact me for medical decisions. However, if I cannot be contacted while my pet has a medical emergency, I understand that All Pets Animal Hospital will provide reasonable medical treatments for my pet. I understand this and agree to accept responsibility for all fees. I agree to release All Pets Animal Hospital, its Doctors and its Staff from all liability associated with boarding my pet.

➔ SIGNATURE: _____ DATE: _____

DIET

DIET: Our boarded pets are fed **Purina EN** diet. This diet is designed to be easy on the gastric system, and less likely to cause intestinal disturbances. If you prefer, you are welcome to bring your own food from home at no additional cost.

FREQUENCY: In general, we feed pets twice daily. Please let us know if your pet is accustomed to a different feeding schedule.

➔ **Please feed my pet:** Hospital Diet My Food: _____
Feeding Instructions: **Amount:** _____ **Times/Day:** _____

➔ **ALLERGIES:** My pet is **ALLERGIC** to the following foods/ingredients: _____

MEDICATIONS

➔ **MEDICATIONS AND SUPPLEMENTS:** can be administered at an **additional cost per day** (cost is per administration time, not per medication). Please be certain that all medications, whether prescription or otherwise, are labeled accurately. If your pet runs out of a necessary medication, we will refill the medication and continue to administer, based on previous directions. The cost of the medications will be added to your boarding charges.

MY PET IS NOT ON ANY MEDICATIONS OR SUPPLEMENTS

MEDICATION/DIRECTIONS: _____ **Last Given:** _____

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MEDICATION/DIRECTIONS: _____ **Last Given:** _____

See back of page for additional medications

PERSONAL ITEMS

We understand that clients may want to bring personal effects to make the pet feel more comfortable. We do ask that all belongings be *marked with your name*. We attempt to track and care for all belongings, however **we cannot be responsible for any items left with your pet and return cannot be guaranteed**.

➔ **Items left with your pet:** _____ **Staff Complete** _____

STRESS-RELATED ILLNESSES

While we make every attempt to keep your pet happy, healthy and safe while in our care, boarding is by nature stressful to your pet. Pets placed in stressful situations may experience decreased immunity or gastric changes which vaccines do not prevent. All boarded pets may be susceptible to canine cough, diarrhea, constipation, excessive shedding and dermatologic changes. By signing this waiver, you agree that All Pets Animal Hospital not be held responsible for these conditions or associated costs.

SPECIAL NEEDS PETS: Boarding extremely old, chronically ill or otherwise debilitated pets requires extra care, which our caring and trained staff is happy to provide. Because of the extra attention and time these pets require, **additional fees may apply**. Special-needs pets can have a higher risk of injury, stress-related illness, or progression of current illness.

ADDITIONAL SERVICES

The following services may be requested while your pet is staying with us.

GROOMING: Bathing services will be performed the day prior to discharge. Normally, we use Hydrosurge shampoo; however, we are happy to use any shampoo you provide.

➔ **PLEASE DO NOT BATHE MY PET**
 BATH & BRUSHOUT – over 5 day boarders, baths 50% off

➔ **OTHER:** As mentioned above, the following services are available for additional cost:

MEDICATION ADMINISTRATION/PER ADMINISTRATION **ADVANCED CARE FOR SPECIAL NEEDS PETS**

PICK UP TIMES, FEES AND BOARDING EXTENSIONS

Boarding is charged per night until the following day at 10am. An additional half day will be charged for pickup after 10am.

We understand that events may occur which may delay pickup on the designated day. Simply call us as soon as possible to notify us of the delay and arrange a new pickup day.

➔ **Text Message Notification*:** I am able to receive text message notifications about my pet. I agree to allow All Pets Animal Hospital to send me queries, messages and updates via my cell phone.

Do Not Send Me Text Messages of Any Kind.

Text Notification (SMS) Only. Choose this option if you are concerned with data usage. *We will NOT send photos.*

Multimedia Notification (MMS) Accepted. Choose this option if you approve receiving text message which may include photos. This option uses more bandwidth and data transfer.

➔ **Cell Phone Number:** _____

➔ **Signature:** _____

Date: _____