



27261 La Paz Road, Suite H
Laguna Niguel, CA 92677
Phone: (949)831-7297
Fax: (949)831-2494

Boarding Authorization

Client ID: Patient ID:
Client Name: Name:
Address: Species:
Sex:
Telephone: Color:
Markings:
Birth Date:

Date in: Date Out: Approximate Pick up Time:
Emergency Contact: Phone:
Alternative local emergency contact name and number:
Diet: Amount: Frequency:
Belongings:
Special Requests:

Has your pet shown any signs of illness in the past 7 days?
Would you like your pet(s) bathed while boarding?
Would you like any other services performed while your pet is boarding?
All dogs are walked twice daily with a safe self-adjusting leash, every reasonable care will be taken to protect your pet. Would you like to add an additional walk?
Are any medications necessary while boarding?
Medication: Dose: Frequency:

In the event of an emergency I understand that the staff at Pacific Park Animal Hospital will make every effort to contact me regarding treatment. If unable to contact me:
I give my permission [yes]: or I do not give my permission [no]: to proceed with life sustaining procedures.

REQUIREMENTS FOR BOARDING

- All animals must be examined by one of our doctors within the past 12 months or they will be examined on day of arrival.
- All animals must be current on all vaccinations and an intestinal parasite test or they will be vaccinated or tested on arrival.
- All animals must be free of internal and external parasites or they will be treated at owner's expense.
- If a tranquilizer is needed for treatment or handling, has my permission to give such medication.
- Check out time is 12pm. If you are unable to pick up before 12pm you will incur a half day charge.

I, the undersigned owner or agent of the pet identified above, authorize the staff of to perform the above service(s) and I accept that all procedures will be performed to the best of the abilities of the staff at this hospital. I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I have read the Boarding requirements and understand Pacific Park Animal Hospital's policies.

Client Signature: Date:

**Additional fees will apply

Admitted by: