



Client Service Representative: _____

2585 Soquel Drive, Santa Cruz, CA 95065 / T: 831.475.5400 / F: 831.475.0812 / W: www.santacruzveterinaryhospital.com

TLC Boarding Information

General Information

Pet's name _____ Age _____ Description of pet K-9 Fel M F Spay/Neuter

Date and time of admission _____ Estimated check out date and time _____

Owner's Name _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

Name of your veterinarian _____

Pet's personal belongings *(We will take great care with your pet's belongings, however, the hospital is not responsible for any items left with your pet.)*

Is your pet taking any medications? Yes No

Name of medication _____ Dose _____ Time last given _____

Veterinary services: What services would you like the veterinarians to provide while your pet is boarding (please check Y or N).
Vaccines and certain tests require a physical exam.

Feline Guests

Canine Guests

Feline distemper vaccine Y N

Canine distemper vaccine Y N

Rabies vaccine Y N

Rabies vaccine Y N

Early detection blood analysis Y N

Kennel cough vaccine Y N

Intestinal parasite (fecal) test Y N

Early detection blood analysis Y N

Feline leukemia vaccine Y N

Intestinal parasite (fecal) test Y N

Physical exam Y N

Physical exam Y N

Concerns/Problems _____ Concerns/Problems _____

What diet should we feed your pet? Own diet SCVH diet (Iams Low Residue)

Name of food _____ How much? _____ Times per day? _____

Name of person(s) authorized to make medical decisions in case you cannot be reached

Name _____ Phone _____

Name _____ Phone _____

Number where you can be reached while gone _____

Boarding Information

Deluxe accommodations include lodging in our specially designed suites or runs and feeding twice a day with IAMS Low Residue (or, if you prefer, owner-provided diet). Fresh water will be available at all times. Your pet's quarters are cleaned and sanitized at least twice each day. Exercise for our canine residents will be provided four times daily in our outdoor dog park.

For your pet's protection, his/her yearly physical exam and all vaccines must be current before admission to the boarding facility. Bordetella, a specific kennel cough vaccine, is required every 6 months. Your pet must be free from internal and external parasites. Pets determined to be carrying parasites will be treated at their owners' expense.

Daily Rates — Deluxe Accommodations		Daily Rates — deluxe accommodations with extended geriatric care and/or medical needs	
<input type="checkbox"/> Feline Residents	\$23.70	<input type="checkbox"/> Feline Residents	\$35.08
<input type="checkbox"/> Canine Residents Under 25 Lbs.	\$27.58	<input type="checkbox"/> Canine Residents Under 25 Lbs.	\$38.04
<input type="checkbox"/> Canine Residents 26 - 50 Lbs.	\$31.98	<input type="checkbox"/> Canine Residents 26 - 50 Lbs.	\$44.64
<input type="checkbox"/> Canine Residents 51 - 75 Lbs.	\$38.04	<input type="checkbox"/> Canine Residents 51 - 75 Lbs.	\$49.06
<input type="checkbox"/> Canine Residents 76 - Over.	\$41.68	<input type="checkbox"/> Canine Residents 76 - Over.	\$53.46

Additional Special Services

You may request that special services be provided while your pet is in our care. Please inquire with the client service representative at the time you bring your pet to visit with us. A few of the additional services we provide are:

- Nail Trim Bath Anal gland expression

When your pet returns home, please do not allow him/her to eat or drink excessively. This is a common mistake and often causes vomiting and/or diarrhea. Wait at least one hour before giving a small portion of food or water. Please call if you have any questions.

I understand that my pet will receive the best possible care and that Santa Cruz Veterinary Hospital will take every precaution to protect the health and welfare of my pet. In spite of all reasonable precautions, certain injuries and illnesses may be unavoidable. Should unexpected health concerns arise, I accept the judgment of the doctors and staff of Santa Cruz Veterinary Hospital and give my permission for any medical diagnostics and treatments deemed necessary. I also understand that although every attempt will be made to contact me to authorize such treatment, I will be responsible for all costs incurred. Santa Cruz Veterinary Hospital requires payment in full for all services upon the release of my pet.

Owner's or Agent's Signature

Date