



4960 Camden Avenue
San Jose, CA 95124
408.265.2200 Phone
408.265.3448 Fax

Boarding Form

Pet's Name _____ Owner's First / Last Name _____

Pet's Name _____ Pet's Name _____

Where can you be reached? _____ Phone _____

Other responsible party _____ Phone _____

Dates

Date of boarding _____ to _____ Pick up time _____

Diet

Feed my pet (check one) Once daily Twice daily Free Fed Other _____

Does your pet need to be fed today? Yes No

Medication

Medication/Dose _____ Next Dose Due _____

Medication/Dose _____ Next Dose Due _____

Medication/Dose _____ Next Dose Due _____

Medication/Dose _____ Next Dose Due _____

PLEASE CHECK ANY OF THE FOLLOWING PROCEDURES AND/OR SERVICES YOU WOULD LIKE US TO PERFORM WHILE BOARDING (ADDITIONAL COST WILL APPLY)

Check one: Express Anal Glands Nail Trim Bath Other _____

Please have a doctor examine my pet

My Concerns _____

Please list all supplies brought in with your pet

*Boarding is an activity we offer exclusively to our clients.

Each pet is cared for in an indoor individual compartment or run that has access to heating and air conditioning. Dogs are walked at least twice a day. Each animal's housing area is cleaned with a bactericidal/virucidal agent. Paper and bedding is placed down for their comfort and cleanliness. Our visitors are fed a balanced diet during their stay with us.



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Boarding Form (continued)

*Please Note

For your protection, as well as ours, boarding patients at Camden Pet Hospital must be current on all immunizations, unless proof is given, vaccinations will be given at your expense.

Vaccination Requirements for Boarding Pets

Dogs: DHLPP/C & BORDETELLA (within past year) RABIES (within one year for puppies, within the last 3 years for adults)

Cats: FVRCP (within the last year) RABIES (within one year for kittens, within the last 3 years for adults)

Please read and initial on the left side

_____ If your pet is found to have internal/external parasites, they will be treated during their stay in the hospital at your expense.

_____ In the event that we find it medically necessary to treat your pet for any medical condition that may arise, we will do our best to contact you or the other responsible party before such treatment begins. Any treatment or medication given will be at the owner's expense.

_____ In the event that I cannot be reached, I give Camden Pet Hospital my permission to begin treatment on my pet.

_____ I understand that, although, I may bring bedding or toys for my pet, it is up to the discretion of Camden Pet Hospital as to whether or not my pet has such items with him/her during their stay. I also understand that Camden Pet Hospital is not responsible for these items as they may be lost or damaged during the pet's stay.

_____ I understand that if my pet needs any medication administered, needs to be hand feed, or has any other special requirements that an additional fee will be added for each day that Camden Pet Hospital provides these services to my pet.

_____ I understand that although, I may ask for a special run or cage for my pet, it will be up to Camden Pet Hospital to decide the size and type of cage that my pet stays in based on the needs of the hospital at the time of boarding.

_____ ALL PETS MUST BE PICKED UP BY NOON ON THEIR DATE OF DEPARTURE, IF THEY ARE NOT PICKED UP BY THAT TIME A CHARGE FOR DAYCARE WILL BE ADDED TO THEIR ACCOUNT. NO PET WILL BE RELEASED ON SATURDAY, SUNDAY, OR HOLIDAY. YOU WILL ONLY BE ABLE TO PICK UP YOUR PET DURING NORMAL BUSINESS HOURS.

Owner's Signature _____ Date _____

Office Use Only

Check in by _____ Are all required vaccinations current: Yes No

Reminders Due: _____ Owner Notified: Yes No

Boarding price per night \$ _____ Medication administered per day cost \$ _____ Chart # _____