



pacific palisades veterinary center

853 Via de la Paz . Pacific Palisades, CA 90272
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BOARDING ADMITTING FORM

Pet Name: _____ Owner's Name (First & Last): _____

SVC Entrance Date: _____ SVC Departure Date: _____

a.m. (before noon) p.m. (after noon)

***We offer baths to those animals staying with us. The charge depends on the pets weight (\$30-75):

Exit Bath Entrance Bath I decline bathing initial _____

VACCINATION AND TREATMENT DATES:

<vaccs>

Update vaccinations _____ Fecal analysis Annual Deworm

ELECTIVE PROCEDURES:

Express anal glands Toenail trim Microchip Heartworm test/prev

Brush out/clip hair mats

Other procedures you would like done at this time: _____

MEDICATIONS, DIET,

Medications to be administered (\$13.50-21.25/day): _____

PERSONAL ITEMS, AND BATHING:

Personal Pet Food Palisades Veterinary Center Food

Feeding Schedule: A.M. _____ NOON _____ P.M. _____

Bedding, toys, other personal items(must have permanent identification): _____

BOARDING/ BATH POLICY:

Pet's picked up **BEFORE NOON** will not be charged for boarding for the departure day. Pets picked up **AFTER NOON** will be charged for boarding the day of departure. Baths will be done on the morning of the pet's departure at regular price. Pets having baths will be ready after 2:00pm with NO charge for boarding that day. **NOT APPLICABLE** to Day Care.

All animals must be current on vaccinations and free of external parasites or they will be treated at the owner's expense. Charges are per night basis: Check out time is at NOON. Pets are only released during office hours.

I hereby authorize the veterinarian to examine, prescribe for, or treat _____ if a medical situation should arise, including if desired, anesthesia. I assume responsibility for all charges incurred in the care of _____ I also understand that these charges will be paid at the time of <animal>'s discharge and that a deposit may be required for boarding. In case of nonpayment, I understand that finance charges will be assessed and I am responsible for any fees required to collect payment.

I have read the foregoing, understand what it says, and agree.

Signature: _____ Date: _____

Emergency Phone(s) # _____

Form of Payment: _____ Exp: _____

THANK YOU FOR ENTRUSTING YOUR PET'S HEALTH CARE TO US!