



Redwood Animal Hospital

3762 Castro Valley Boulevard

Castro Valley, CA 94546

(510) 582 - 1136

Boarding Agreement

Drop Off Date _____ Pick Up Date _____ Pet's Name(s) _____

Client Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Pet's Belongings _____

(Redwood Animal Hospital is not held responsible for any items that are lost or damaged by your pet)

Feeding Instructions

(Please check one box in each column)

Food	Amount	Frequency
<input type="checkbox"/> Client's Food <input type="checkbox"/> Hospital's Food (Royal Canin Gastrointestinal Diet)	<input type="checkbox"/> One size-appropriate bowl <input type="checkbox"/> Other: _____	<input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> Both AM and PM

Medication Instructions

(If applicable; a \$15 medical boarding charge will be added per night for any pets needing medication during their stay)

Name	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required Treatments

(If applicable; to be filled in by staff only)

<input type="checkbox"/> Rabies (K9) __ <input type="checkbox"/> Bordetella (K9) <input type="checkbox"/> DHPP (K9) __ <input type="checkbox"/> Influenza (K9) __ <input type="checkbox"/> FVRCP (Feline) __ <input type="checkbox"/> Wellness Exam <input type="checkbox"/> Capstar
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(Please note that the above vaccines and medication are required for boarding. A wellness exam is required for pets that have not been seen by our doctor in the last 365 days and are in need of any of the above vaccines.)

You have the option to leave payment information for billing purposes during the duration of your pet's stay, in the event of a medical emergency (no treatment will be performed, even in the event of a life threatening emergency, without a payment method on file):

Credit Card Type (check one): VISA Mastercard Discover American Express Care Credit

Card Number _____ Exp. Date _____ CVV _____

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For pets being boarded together: (if you do not have pets boarding together, you may skip this section)

_____ Redwood Animal Hospital strongly recommends that all pets are boarded individually to decrease the chance of injury or illness. We understand that some clients may want their pets to be boarded together. When you, the owner, choose this option please be aware that we may still choose to separate the pets at night, when the hospital will not be staffed. Please note that you will still be charged per night, per animal. In the event that something happens while the pets are housed together, you, the owner, assume all liability for your pets' behavior towards each other.

If your pet becomes ill, we will call you or the emergency contact provided regarding your pet's symptoms, about treatment options, and estimate of additional costs. **If no one can be reached, please indicate your medical directive below should your pet require immediate treatment to resolve any emergency situation.**

Act immediately if able to perform treatment within the monetary range as indicated below:

\$100 \$250 \$500 \$1000 \$2000 Other: _____

Decline treatment until owner or emergency contact can be reached, even in the event of a life threatening condition*

**If treatment is declined, you understand the risks and assume all liability in the event that your pet becomes ill or injured. Please initial, acknowledging the risks: _____*

_____ As the owner, you assume all liability for damages caused to the hospital, your pet, or injuries to employees, as a result of your pet's behavior.

_____ In a hospital setting, there is the chance that your pet could be exposed to an infectious illness or parasites. As the owner, you are aware of the risk and assume all liability in the case your pet becomes ill while boarding with us. While in our care, our staff may notice that your pet is carrying fleas, tapeworms, or other parasites. If such a thing is noted, we will treat your pet at the cost of the owner.

_____ To reduce the risk of spreading illness from pet-to-pet, we require that all pets being boarded in our facility are up to date with the appropriate vaccines. I, the owner, have made sure that my pet is fully up to date with the required vaccines.

_____ **If your pet cannot be walked, fed, or will allow us to clean their run for any reason because it is fearful or aggressive in any way we will notify you and it is your responsibility to pick up that pet as soon as possible.**

By signing below you understand that Redwood Animal Hospital will do its best to treat your pet in the hospital, but certain medical illnesses or injuries may require your pet to be transferred to an emergency hospital for overnight or extended care, at the expense of you, the owner. It is also understood that any pet not picked up within 14 days of the pick up date listed above will be deemed abandoned per Section 1834.5 of the Civil Code. The undersigned still remains responsible, however, for all charges incurred during the boarding stay even for abandoned pets. **I have read and understand this agreement. I fully intend to pick up my pet(s) on the above date specified; if circumstances change, I will notify the hospital of a new pick up date.**

Printed Name of Owner or Authorized Agent

Date