EL SEGUNDO ANIMAL HOSPITAL

240 Center Street
El Segundo, CA 90245
email: reception@elsegundoah.com
phone: (310) 606-8811

fax: (310) 321-3446

BOARDING FORM

	(patient sticker)	*
Boarding Dates: In:	Out:	On Medications: Yes / No
• .	ave proof of current vaccinations. Dogs must of Rabies and FVRCP. Proof of vaccinatio the owners expense.	
Parasite Policy: All pets must be frobe given at the owners expense.	ee of external parasites (fleas, ticks, etc.). If p	parasites are detected, treatment will Initial:
If your pet has any medical conditions	s, physical or otherwise (including allergies) of	which we should be aware, please explain:
Medications:	Comp ^a	
Type:	Dosage:	Frequency:
Туре:	Dosage:	Frequency:
Did you bring food? Y / N	Diet/Directions:	
** Pets boarding with us for	Would you like your pet to have a bath? a minimum of 5 days receive a complimentary	Yes / No / bath. Otherwise normal bathing charges apply. **

If while boarding you would like any special examinations or procedures performed on your pet, please inform the Reception Staff and fill out a Drop Off Form.

PET CARE AGREEMENT

Should a medical need or emergency arise, I the undersigned, Owner or Agent of the admitting patient (pet), authorize treatment and/or diagnostic procedures deemed necessary by the attending Veterinarian. I understand the staff at El Segundo Animal Hospital will make every attempt to contact me at all numbers provided but will not allow my pet to suffer without treatment should I or other emergency contact not be reached. I also assume full financial responsibility for all charges incurred on behalf of the patient and agree to pay all such charges at the time of release. Payment (cash, debit or credit cards only, no checks accepted) is due at the time of discharge. If I am unable to pick up my pet on the day I have indicated, I will contact El Segundo Animal Hospital with any changes in my barding plans. Any pet left 14 days past the original pick up date without any contact fron the Owner or Agent will be considered abandoned.

Owner or Agent Signature	Date
Emergency Contact Name:	Emergency Contact Phone: