

Community Companion Animal Hospital
5271 Sereno Drive
Temple City, CA 91780

Boarding Agreement

Owner's Name: _____

Today's Date: _____ Pick-up Date: _____

Pet Name(s):

1. _____ Bath _____ Medication _____
2. _____ Bath _____ Medication _____
3. _____ Bath _____ Medication _____

Regular Bath is \$39.80 per pet: Medication is \$5.70 per day per pet, per day

Special Instructions:

What flea control are you using? _____

Emergency Contact Name/Phone Number: _____

We are pleased to provide a quality service for your kennel needs. Your pet must have proof of current vaccines at the time of admission. Any medication or treatment requested during the boarding period will be charged at the hospital rate unless brought at the time of admission. It is in the best interest of your pet to bring your pet's food, to prevent *possible* intestinal upset from abrupt change of diet. We will provide rubberized floor mats & bedding in our temperature-controlled environment. We cannot be responsible for any lost personal items brought for your pet. We maintain a flea free zone and request that you use a form of flea control prior to drop off. If fleas are found on your pet, we will need to treat as needed.

Please label your diets and medications for your

Medical Illness Policy: One of the advantages of boarding your pet at Community Companion Animal Hospital is that immediate veterinary care is available if needed. If no one can be reached, however, please indicate your wishes below should your pet require necessary medical treatment.

Please select **ONE** of the following:

_____ Perform whatever treatment/testing that is necessary for the best care of my pet(s)

_____ I authorize up to \$ _____ in medical care for my pet(s)

I, the undersigned, owner or authorized agent of the pet(s) to be boarded hereby authorize the staff at Community Companion Animal Hospital to use their discretion in any treatment deemed medically necessary while boarding. I assume full financial responsibility for all charges incurred and agree to pay such charges at the time of release of my pet.

Owner/Authorized agent signature: _____