

MARTINEZ ANIMAL HOSPITAL BOARDING REGISTRATION

Please review the following information and fill out the form below when dropping off your pet.

Owner's name: _____

Pet's name: _____

Drop off date: _____ Pick up date: _____

Emergency contact name: _____

Emergency contact number: _____

All boarding pets are required to have an exam by MAH within the past year and be current on the following immunizations:

Dogs: Rabies _____ DA2PP _____ Bordetella _____

Cats: Rabies _____ FVRCP _____

If immunizations were not given by MAH, you must provide written documentation.

Please list personal items brought for your pet:

Type of food: Wet _____ Dry _____

Feeding Instructions:

A.M. _____

P.M. _____

If you do not provide food (or not enough for the length of stay) we will provide a full container and charge you.

Is your pet on medications? _____

If yes, what (name and dosage) _____

When was the medication last given? _____

How much was given? _____

I UNDERSTAND IF MEDICAL TREATMENT IS DEEMED NECESSARY FOR MY PET WHILE BEING BOARDED, IT WILL BE PROVIDED. AND THAT I AM RESPONSIBLE FOR THE FEES ASSOCIATED WITH THE TREATMENT WHICH ARE TO BE PAID AT THE TIME OF PICK UP.

I ALSO UNDERSTAND THAT I AM BOARDING MY PET AT A HOSPITAL, AND THAT THEY MAY BE EXPOSED TO AIRBORNE DISEASES. MAH WILL NOT BE RESPONSIBLE FOR TREATMENT.

Signed _____

Date _____

BE AWARE THAT THERE MAY BE TIMES WHEN NO PERSONNEL ARE ON THE PREMISES.