

Reception initials: _____

- *I understand risk is involved in boarding my pets together. I assume all responsibility including financial for any injury that might occur if they board together. I release Newport Harbor Animal Hospital from any responsibility associated with my request.*
- *All reasonable attempts will be made to reach you if your pet becomes ill. Your pet will be treated as a hospital patient which may include exam, diagnostic procedures, and or tests to establish a diagnosis and treatment administered for said illness. I assume all financial responsibility for charges incurred and agree to pay such charges at the time of release of my pet.*

Initials: _____

All pets will be checked for Fleas & other external parasites upon arrival. If fleas or any other external parasites are found, treatment *which may include* a physical exam (if exam not current, within the year) will be administered **at an additional cost to you.** Date last Flea medication was administered: _____

What medication was given: _____

Initials: _____

We require your pet's vaccination against contagious diseases be current. Vaccination requirements are aimed at insuring the health and safety of all our patients. If they are not current you must provide proof of vaccinations or we can update them for you if your pet's exam is current.

VACCINES REQUIRED FOR BOARDING:

CATS ► FVRCP & RABIES

DOGS ► CANINE INFLUENZA, DHPP, BORDETELLA & RABIES

Signature: _____

Boarding Permission Sheet

Pet Name: _____ Last Name: _____ Date: _____

Permission for someone other than the owner to pick up their pet.

I, _____ authorize _____ to pick up my pet. Payment in full is expected.

Payment options include:

- Cash
- Credit/Debit Card
- Manual imprint taken
- Care Credit