

**ARROYO ANIMAL CLINIC BOARDING FORM**

Owner name \_\_\_\_\_ Pet(s) name(s) \_\_\_\_\_  
will board from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_. I expect to pick up my pet(s) in the  
morning \_\_\_ afternoon \_\_\_ (check one).

I can be reached at the following:

address- \_\_\_\_\_ telephone- \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I cannot be reached, please contact (name) \_\_\_\_\_ at the following  
telephone number ( \_\_\_\_\_ )- \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_. In the event I am unable to pick up my pet(s), I authorize the above contact to pick up my  
pet(s).

**Vaccine Status: Dogs must have be current on Rabies, DHPP, Bordatella  
Cats must have be current on FVRCP, Rabies and strongly recommend  
FeLV.**

**If not current, or proof is not provided, an exam will be performed and required vaccines  
will be administered. Normal fees will apply.**

PLEASE DO THE FOLLOWING: (normal fees will apply)

Bath \_\_\_ Toe nail trim \_\_\_ Heartworm test (dog only) \_\_\_ Fecal exam \_\_\_ Physical  
exam \_\_\_ (please describe the problem(s) \_\_\_\_\_

\_\_\_\_\_  
Surgery, dental cleanings, and/or lab work MUST be discussed with the doctor BEFORE leaving  
the pet, unless noted in the chart by the doctor.

My pet(s) require the following special diets or medication(s): \_\_\_\_\_

\_\_\_\_\_  
Was today's medication(s) given and if so when? \_\_\_\_\_

I brought in the following:(briefly describe) blankets \_\_\_\_\_,  
leashes \_\_\_\_\_, toys \_\_\_\_\_,  
food \_\_\_\_\_, other \_\_\_\_\_

**Note- towels, blankets, and toys can be lost. We cannot guarantee against damage or loss.**

In the event of illness or injury, we will try to contact you or an emergency contact. If we cannot  
contact you, please indicate what we should do. Check one only, please!

- \_\_\_\_\_ 1) I accept all financial responsibility. Please use best judgement and do whatever  
necessary.
- \_\_\_\_\_ 2) Use best judgement, but only spend up to \$150 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_  
other amount \$ \_\_\_\_\_
- \_\_\_\_\_ 3) Do not perform any additional procedures unless absolutely necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_