

El Toro Pet Boarding
23162 EL TORO FRONTAGE RD.
LAKE FOREST, CA 92630
PHONE: (949) 837-5222

OWNER _____ DATE _____ PICK UP DATE _____

| | | | | |
|--------------------------------|------------------|-----------------------------|--------------------|---|
| 1) PET'S NAME _____ | BREED _____ | SEX _____ | AGE _____ | COLOR _____ |
| DHP _____ | CORONA _____ | BORDETELLA _____ | PARVO _____ | RABIES _____ |
| FVRCP _____ | FELV _____ | FIP _____ | RABIES _____ | IS ANIMAL ALTERED: (please circle one) YES / NO |
| DEWORMING _____ | FECAL TEST _____ | HEARTWORM TEST _____ | MEDICATION _____ | |
| EXAM _____ | BRIEF EXAM _____ | INSTRUCTIONS + NOTES: _____ | | |
| BOARDING RATE PER NIGHT: _____ | | +BATH _____ | MED/WALK FEE _____ | =DAILY TOTAL _____ |

| | | | | |
|--------------------------------|------------------|-----------------------------|--------------------|---|
| 2) PET'S NAME _____ | BREED _____ | SEX _____ | AGE _____ | COLOR _____ |
| DHLP _____ | CORONA _____ | BORDETELLA _____ | PARVO _____ | RABIES _____ |
| FVRCP _____ | FELV _____ | FIP _____ | RABIES _____ | IS ANIMAL ALTERED: (please circle one) YES / NO |
| DEWORMING _____ | FECAL TEST _____ | HEARTWORM TEST _____ | MEDICATION: _____ | |
| EXAM _____ | BRIEF EXAM _____ | INSTRUCTIONS + NOTES: _____ | | |
| BOARDING RATE PER NIGHT: _____ | | +BATH _____ | MED/WALK FEE _____ | =DAILY TOTAL _____ |

| | | | | |
|--------------------------------|------------------|-----------------------------|--------------------|---|
| 3) PET'S NAME _____ | BREED _____ | SEX _____ | AGE _____ | COLOR _____ |
| DHLP _____ | CORONA _____ | BORDETELLA _____ | PARVO _____ | RABIES _____ |
| FVRCP _____ | FELV _____ | FIP _____ | RABIES _____ | IS ANIMAL ALTERED: (please circle one) YES / NO |
| DEWORMING _____ | FECAL TEST _____ | HEARTWORM TEST _____ | MEDICATION: _____ | |
| EXAM _____ | BRIEF EXAM _____ | INSTRUCTIONS + NOTES: _____ | | |
| BOARDING RATE PER NIGHT: _____ | | +BATH _____ | MED/WALK FEE _____ | =DAILY TOTAL _____ |

EL TORO PET BOARDING IS TO USE ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, OR ILLNESS OF MY PET, BUT WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER WHATSOEVER, FOR ANY CIRCUMSTANCE, ON ACCOUNT OF THE CARE, TREATMENT OR SAFEKEEPING OF MY PET; IT IS THOROUGHLY UNDERSTOOD THAT I ASSUME ALL RISKS. IF TRANQUILIZERS ARE NECESSARY FOR TREATMENT OR HANDLING, I GIVE MY PERMISSION TO EL TORO ANIMAL HOSPITAL TO ADMINISTER SUCH MEDICATIONS. ALL PETS ENTERING THE BOARDING FACILITY MUST BE UP TO DATE ON ALL VACCINATIONS. PETS MUST HAVE PROOF OF A VET VISIT WITHIN A YEAR FOR ANY VACCINES ADMINISTERED. PETS MUST BE FREE OF INTERNAL PARASITES (worms, protozoa, etc) AND EXTERNAL PARASITES (mites, fleas, ticks etc). A YEARLY FECAL TEST AND DEWORMING MUST BE GIVEN WITHIN A YEAR. PROOF OF THE ABOVE LISTED SERVICES MUST BE PRESENTED OR PETS WILL BE TREATED UPON ENTRY AT THE OWNER'S EXPENSE. I UNDERSTAND THAT IF MY PET BOARDS FOR 5 NIGHTS OR MORE A PAID BATH AT MY EXPENSE SHALL BE GIVEN. I ALSO AUTHORIZE EL TORO ANIMAL HOSPITAL TO DO WHATEVER IS NECESSARY SHOULD AN EMERGENCY SITUATION ARISE. INITIAL _____

PLEASE READ CAREFULLY AND SIGN BOTTOM OF BOARDING FORM.
PETS ARE RELEASED MONDAY – FRIDAY 2PM – 5:30PM SATURDAY 12PM – 1:30PM INITIAL _____
 UNLESS OTHERWISE ARRANGED AT THE TIME OF DROP OFF.
 NOTIFICATION OF ANY CHANGES (PICK UP DATE OR TIME) IS REQUIRED 24 HOURS IN ADVANCE
 IN PERSON OR BY PHONE BEFORE YOUR PET IS TO BE PICKED UP. NO EXCEPTIONS!

Pets will not be released to unauthorized people without owners written consent. No exceptions will be made!

HOME PHONE _____ CELL PHONE _____ EMERGENCY _____

Authorized parties to pick up: _____

CLIENT SIGNATURE _____ DATE _____

Please answer the following questions:

1. Has your pet(s) had any previous medical problems? yes no
If yes, please explain _____

2. Does your pet(s) have any existing medical problems? yes no
If yes, please explain _____

3. Has your pet(s) been seen in the past 12 months by a veterinarian? yes no
If yes, please list veterinarian and hospital _____

BELONGINGS INVENTORY

PLEASE LIST ALL BELONGINGS BROUGHT INTO THE HOSPITAL WITH YOUR PET.

ITEMIZED LIST OF BELONGINGS WITH DESCRIPTION (EX. FOOD, MEDICATION, TOYS, BLANKETS)

- _____
- _____
- _____
- _____
- _____

MEDICATION:

| NAME OF MED(S) | MG'S OR CC'S | INSTRUCTIONS | GIVE WITH FOOD | LAST TIME GIVEN PRIOR TO DROP OFF |
|----------------|--------------|--------------|----------------|-----------------------------------|
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EL TORO ANIMAL HOSPITAL AND ITS STAFF ARE NOT RESPONSIBLE FOR LOST OR MISSING BELONGINGS. BY SIGNING BELOW YOU AGREE NOT TO HOLD EL TORO ANIMAL HOSPITAL OR ITS STAFF RESPONSIBLE FOR BELONGINGS LEFT HERE.

Client Signature _____ Date: _____