



SOQUEL CREEK  
**ANIMAL HOSPITAL**



2505 S. Main Street • Soquel, California 95073

Phone: 831.476.1515

**Boarding Authorization**

I, \_\_\_\_\_, do hereby give my consent and permission for Soquel Creek Animal Hospital and/or its agents to board my pet.

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

For the Period From: \_\_\_\_\_ to \_\_\_\_\_.

For your convenience, we offer a full range of Veterinary services to you while your pet is boarding with us. Please indicate which (if any) of the following services you would like us to perform:

Physical Exam  Stool Exam  Nail Trim  Heartworm Test  Blood Panel  Vaccine Updates

In order to ensure your pet's safety, as well as the other pets boarding with us, we require that your pet has been vaccinated against the common infectious diseases which pose risk to them. I certify that my pet has been vaccinated within the past year against the following diseases:

Dogs

Rabies  
DHLPP(Distemper/Lepto/Parvo)  
Bordetella (Kennel Cough)

Cats

Rabies  
FVRCP (Distemper)  
FELV (Leukemia)

If done at another facility, please specify which one: \_\_\_\_\_

In the event that my pet develops any condition which requires medical attention while boarding, I hereby give permission for Soquel Creek Animal Hospital and/or its agents to evaluate the problem and initiate necessary medical diagnostics and treatment if I can not be reached for verbal authorization.

I understand that in an event of a life-threatening emergency, it may become necessary to transport my pet to and from the emergency clinic (Pacific Veterinary Emergency or Santa Cruz Veterinary Hospital) for overnight and/or weekend observation and treatment. If this situation should arise:

I  do  do not consent to the use of off-premises emergency services for my pet.

I realize that by accepting this option, I take responsibility for all the fees incurred at the emergency clinic. I understand that if I refuse this service, I take full responsibility for the consequences to my pet and relieve Soquel Creek Animal Hospital and/or its agents from any liability. In addition, I realize that this waiver refers only to the use of off-premises emergency services and does not limit responsibility for emergency services performed at Soquel Creek Animal Hospital.

I understand that I will be charged for any of the above mentioned services in addition to the fees for boarding according to the normal hospital fee schedule. I agree to pay, in full, any fees incurred under these conditions prior to the release of my pet. I further understand that such payment is due in the form of cash, personalized check, money order, travelers check, Visa, Mastercard or Discover. During the period of boarding, I will be able to be reached at the following number(s):

Primary # \_\_\_\_\_ Alternate # \_\_\_\_\_

Friend or relative able to make decisions concerning your pet to contact in case of an emergency:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_