

Boarding Agreement

Sunnyvale Veterinary Clinic 1036 W. El Camino Real Sunnyvale, CA 94087 (408) 736-8296 www.SunnyvaleVet.com

Client Name: _____

Where can we reach you while you are away?

Phone number: _____ Cell number: _____

Staff Use Only – Affix Patient Label here

Emergency Contact Name/Number: _____

Pick-up date and time: _____

***** Staff Must Verify Prior to Admission ***** (Staff member initials: _____)	
Vaccination & Exam Due Dates **MUST be current on all vaccines before boarding**	
DHPP _____	Canine / Feline Bordetella _____
Rabies _____	FVRCP _____
Last annual exam: _____	Semiannual if on medication: _____

Diet: _____ Canned / Dry Once / Twice Daily

Medications: *Please note that there will be a fee of \$ 7 per day to administer any medications (up to 4 medications up to 3 times per day). (any number of medications; i.e., 3 medications twice daily = \$7/day) Additional medications \$2/day each.*

Medication name	Dose in A.M.	Dose in P.M.	Given today?
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Special Instructions: _____

While your pet is here, would you like any additional services?

- Dogs: additional play time with a staff member in our play yard: (\$7 per 15 minutes). Number of sessions per day: _____ Games your dog likes to play: _____
- Microchip Implant: a permanent chip placed under your pet's skin, which identifies your pet and is read by a scanner. Most local animal shelters are equipped with these scanners. (\$40.00)
- Flea treatment with Advantage Multi or Frontline. Protection lasts one month. (ask staff for price quote)
- Nail Trim (price varies for dogs/cats - ask staff for price quote)
- Deluxe Bath (price depends on size of pet, please ask our staff for price quote)
- Dental Cleaning (please ask staff for details)
- Veterinary Examination

Reasonable precautions will be taken against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved as well as all fees associated with the boarding. I understand that if fleas are found on my pet, a flea prevention product may be applied, at my expense, to protect the health of my pet and other pets at the clinic.

Your estimate for boarding services only is: _____ Signature of owner or responsible party: _____