

Peninsula Pet Clinic
1450 W 25th Street San Pedro CA, 90731
(310)833-1111 Fax: (310) 833-1162 www.BestVet4U.com

Medical Observation Agreement

Owner's Name: _____

Pet(s) Name: _____

Trained? Yes ___ No ___

Breed & Color: _____

Address: _____

Date/time Arrival: _____ Date/Time of _____

Contact Phone Number: _____

Discharge: _____

Email: _____

Toy/Blanket/ _____

Leash: _____

EXAM: To insure the protection of all pet guests under our care and to prevent the spread of infectious disease, Pets staying with us will receive a \$12.00 pre-medical observation exam.

I authorize Peninsula Pet Clinic staff to examine my pet(s) in accordance with the above policy.

CHARGES: Charges apply per day, regardless of arrival time, beginning the day the pet checks in. If picked up before 10:00 AM no additional charge. If picked up after 12:00 noon, will result in 1 more day charge. Pet Guest(s) staying past 5 days, must make deposit. All new clients must leave deposit. Disruptive/aggressive pets require more care and additional charges per Peninsula Pet Clinic's discretion will apply at your cost. **Canines:** 0-25# \$33.00, 26-50# \$36.00, 51-75# \$41.00, over 75# \$45.00. **Felines:** \$25.00 per day

VACCINES REQUIRED: For your pet's protection, all vaccines must be current/record present at time of drop off/check in (within 12 mos). Peninsula Pet Clinic Vaccine Requirements are as follows:

CANINE: DISTEMPER, PARVO, BORDETELLA AND RABIES

FELINE: FVRCP AND RABIES

I authorize Peninsula Pet Clinic Staff to administer my pet(s) vaccinations in accordance with the above policy if needed.

PROPERTY: Peninsula Pet Clinic is not responsible for personal articles: Collars, leashes, toys, bedding, and carriers. If any item is left with your pet during boarding, they are left at your own risk (nothing of value or sentimental). We provide bedding.

I have read and understood Peninsula Pet Clinic's Loss of Property Waiver.

FLEA CHECK: Pet(s) staying at Peninsula Pet Clinic must be free of fleas, flea dirt and topical or internal parasites. Any pet checked in with fleas will be given CAPSTAR (\$12 capsule) upon arrival and tube of Vectra Flea control (\$25.00) will be applied. If parasites are detected, a fecal (parasite check) and oral dewormer (\$40.00) will be done at owners expense.

I authorize Peninsula Pet Clinic to administer/treat for parasites and fleas in accordance with the stated policy above.

WALKS: Dog guest(s) staying at Peninsula will be walked for 15 minutes 3 times a day, weather permitting. If you would like additional walks, circle your choice of how many more walks desired. 1 2 3 (\$5.50 per each additional walk)

I agree to the above policy.

FEEDING INSTRUCTIONS: Peninsula Pet Clinic provides Purina EN (Gastro-intestinal) Diet. This tasty and all natural nutritious food is beneficial for any possible stress colitis while away from home. Serving is based on age, breed and weight.

Check which applies: Once daily _____ Twice daily _____ Free Fed _____. I brought my food:

MEDICATIONS: Administration of medications will result in \$15.00 tech/nurse fee per Medication per day. All medications must be labeled with hospital label. Number of Medications: _____

In the event of an emergency and the hospital staff is unable to reach me at the emergency number. I authorize necessary

I authorize _____ to drop off/ pick up _____ on my behalf:

Yes or No

Emergency Contact: _____ Phone# : _____ He/She may make decisions on my behalf:

Yes or No

Date: _____ Pet Owner's Signature _____

Peninsula Pet Clinic cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. By signing this document, I agree to hold this facility not liable for conditions that are often unavoidable in boarding environments, including, but not limited to, weight loss, kennel cough, upper respiratory infection and diarrhea.