

Peninsula Pet Clinic

1450 W. 25th Street, San Pedro, CA 90732
(310) 833-1111 Fax (310) 833-1162

Medical Observation Agreement

Owner's Name: _____ Pet's Name: _____

Address: _____ Description of Pet: _____

Home Phone: _____ Date of Arrival: _____ Date of Discharge: _____

*To insure the protection of all animals under our care and to prevent the spread of infectious disease, pets staying with us will receive a pre-medical observation exam, at an additional cost of \$10. *If examined within the last 24 hours, this charge will not apply.*

X _____ I authorize Peninsula Pet Clinic Hospital Staff to examine my pet(s) in accordance with the above policy.

X _____ CHARGES APPLY PER DAY, REGARDLESS OF ARRIVAL/DEPARTURE TIME, BEGINNING THE DAY THE PET CHECKS IN.

For your pet's protection, all vaccines must be current (within 12mos). Peninsula Pet Clinic Vaccine Requirements are as follows:

CANINE: DHLP PARVO BORDETELLA RABIES **FELINE:** FVRCP RABIES (PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION.)

X _____ I authorize Peninsula Pet Clinic Hospital Staff to administer my pet's vaccinations in accordance with the above policy.

Peninsula Pet Clinic is not responsible for personal articles such as, but not limited to, collars, leashes, toys, bedding and carriers. If any item is left with your pet during boarding, they are left at your own risk. We strongly recommend that you do not leave valuable or sentimental items.

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

Pet's staying at Peninsula Pet Clinic must be on an approved brand of flea control (such as Advantage, Advantix, or Frontline) and free of all topical and/or internal parasites. Any pet checked in with fleas will be given CAPSTAR upon arrival and a tube of Advantage will be applied and if any parasites are detected, the appropriate treatment will be administered; these are done at owners expense.

X _____ I authorize Peninsula Pet Clinic Hospital Staff to administer flea control & treat my pet for parasites in accordance with the above policy and agree to take full financial responsibility.

Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. Title 16, VMA 4. Practice Section 2030. Min. Standards.

X _____ I understand that my pet does not have 24 hour care at Peninsula Pet Clinic.

In the event my pet needs a Calming Herbal Supplement during their stay at Peninsula Pet Clinic:

X _____ I authorize Peninsula Pet Clinic Hospital Staff to give my pet(s) a Calming Herbal Supplement & agree to the additional charge .

Pet's staying at Peninsula Pet Clinic will be walked for 15 minutes twice a day, weather permitting. If you would like additional walk time, indicate your choice below:

X _____ _____ Additional outdoor walk(s) per day at \$5.50 each.

Feeding Instructions: Peninsula Pet Clinic Provides Hill's Maintenance: Once Daily Twice Daily Free Feed

I Brought My Food: _____ Please Provide Special Diet: _____ (Additional Fees Apply)

X _____ Administer the medications, I provided, per labeled instructions. Number of Prescriptions provided: _____
I understand that there will be an additional fee at my expense per requested medication(s) administered to my pet(s).

In the event of an emergency and the hospital staff is unable to reach me at the emergency number, I authorize necessary medical/surgical care to maintain the health and/or life of my pet(s). [Standard Medical Fees Apply]

X _____ I authorize Peninsula Pet Clinic Hospital Staff to provide all medical/surgical treatment on my pet(s) in accordance with the above policy and agree to take full financial responsibility.

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

HOSPITAL POLICY IS THAT ALL CHARGES ARE DUE AND PAYABLE UPON PET'S DISCHARGE. I understand this policy, as well as any estimated fees. Also, I understand that HOSPITAL may request deposits during the patient's stay. Pursuant to California Law, Section 1834.5 of the Civil Code relating to animals, HOSPITAL is hereby authorized dispose of said animal(s) unless discharged to the owner or authorized agent within 14 days of the date that the pet is scheduled for discharge. I understand that in the event of such disposal, I am liable for accrued charges for services rendered plus legal and/or court costs incurred with collection for those services.

Continuous presence of qualified personnel after business hours may not be provided at all times. [B&P CODE, 2030 (c)]

DATE _____

PET OWNER'S SIGNATURE _____

EMERGENCY CONTACT AND PHONE NUMBER _____