

**Yorba Regional Animal Hospital
Boarding Check-In**

**Boarding Charges Policy: Charges are incurred every day of boarding,
Starting the day of drop off, including the day of pick up, regardless of the time. (Initial)**

Last Name _____ Pet (s) _____

I will pick my pet (s) up on (date) _____ at (time) _____

In an emergency: Phone # _____ Name _____

Did you provide your pet's food? No ___ Yes ___ If so, what type? _____
(We provide Eukanuba Low Residue dry food)

How much do you feed? _____ How Often? _____

- *Special Needs Medication: \$10 extra per day**
- *Special Needs Diabetics: \$20 extra per day**
- *Special Needs Hospitalization: \$58 per day**

My pet (s) needs these medications while boarding.

Pet's Name	Medication	How Much	How Often	Last Given

A "Clean Up" bath is provided at the end of your pet's stay.

If available, do you prefer to have your pet groomed at an additional charge? _____

A full "Groom" includes: Bath, toe nails trimmed, ears cleaned, anal glands expressed and any shaving or hand scissoring requested. 15% discount will apply.

Please provide the additional services listed below: (Exam, vaccines, fleas control, etc)

Please describe any chronic problems your pet may have.

I authorize Yorba Regional Animal Hospital to walk my pet(s) outside. _____

I understand that should any vaccines be overdue, or if I am unable to show proof of vaccinations, my pet(s) will be given the appropriate vaccinations and I will be charged accordingly. My pet(s) vaccinations were administered at:

_____ Phone: _____

Yorba Regional Animal Hospital reserves the right to require an additional deposit at time of check in.

I (circle one) request/decline an estimate of fees. I understand all boarding charges incurred are due upon pick up.

Signature _____ Date _____