



# Canine Comfort *Boarding Agreement* ID#: \_\_\_\_\_

Pet's Name(s) : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owner's Name : \_\_\_\_\_

## Reservation

Reservation Date: \_\_\_\_\_ to \_\_\_\_\_ Pick Up time: \_\_\_\_\_ am / pm

<sup>1</sup> Kennel to be shared with other dog(s)?  No  Yes Dog's Names: \_\_\_\_\_

Please initial if your dogs are sharing a kennel together:  \_\_\_\_\_ Feed them separately?  No  Yes

<sup>2</sup> Please indicate your preferred number of playtimes/walks per day for your pet:  1  2  3  4

## Feeding Instructions

Feed customer supplied food (labelled and pre-bagged):  No  Yes Brand: \_\_\_\_\_

Feed hospital provided Royal Canin Gastrointestinal food:  No  Yes  Dry  Canned

Feed hospital provided standard dry food (specify times):  No  Yes  Dry  Canned

Feed: \_\_\_\_\_ cups of food \_\_\_\_\_ times a day (am/pm)

## Vaccinations *Proof of vax record is required or vaccines will be given at current SMACC pricing*

### <sup>3</sup> Required

DHPP:  Current  Due  
Bordetella:  Current  Due  
Rabies:  Current  Due  
Internal Parasite:  Current  Due  
Doctor Exam:  Current  Due

### Optional

Lyme:  Current  Due  
Rattlesnake:  Current  Due  
Heartworm Test:  Current  Due  
Anal Glands Expressed:  Give  
Apply Vectra with bath:  Give

Please initial to give SMACC permission to update your pet's vaccination records:  \_\_\_\_\_

## Permissions

I would like medication to be administered:  No  Yes Request a refill of: \_\_\_\_\_

<sup>4</sup> Dr. Exam to be given during boarding?:  No  Yes Examine for: \_\_\_\_\_

In the event of an emergency wherein I cannot be reached I authorize SMACC to administer necessary treatment and agree to pay for all services rendered:  No  Yes

I/We understand this policy as well as any estimated fees. Also I understand that SMACC may request a deposit

\_\_\_\_\_ / / \_\_\_\_\_ / /  
Owner's Signature Date Owner's Birthday

*(Required by the CA Dept. of Justice for prescription of certain medications)*

## Referenced Policies

<sup>1</sup> I voluntarily request that SMACC board my pets in the same run or kennel. I understand this to mean that my dogs will be housed together for the duration of their stay, unless problems arise.

I hereby voluntarily release SMACC, its employees and agents from any and all responsibility or liability arising from injury or damage inflicted by one of my dogs on another during their stay.

I understand that in the event of such injury or damage, I am liable for all charges of medical services provided by SMACC for treatment of said injuries or damage.

I understand that in the event of aggressive behavior directed against one of my pets by another, that they will be separated and housed individually for the remainder of their stay. I also understand that I am responsible for any additional boarding charges that may apply in order to achieve that separation.

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<sup>2</sup> All dogs will be given a morning and evening walk and/or playtime. Your dog will be walked on a choker-type leash and every reasonable care will be taken to protect your pet. Additional playtimes can be requested for an additional fee.

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<sup>3</sup> To ensure the protection of pets under our care and to prevent the spread of infectious diseases, all boarding pets must be current on their core vaccines and also have a negative intestinal parasite test result within one year.

Proof of your pet's vaccination record is required at the time of admission or vaccines will be given by SMACC at current pricing

A physical exam by an SMACC Veterinarian within the last 12 months is required when giving vaccinations. If your pet requires an exam to receive necessary vaccines, a physical exam fee will be charged.

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<sup>4</sup> Physical exam fees will also be charged if you request a doctor exam fee even if one is not currently due for vaccines.

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## Additional Policies

Santa Margarita Animal Care Center cannot guarantee the health of any animal, but pledges to give appropriate care as permitted by owner to all boarded pets. 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.

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I understand that Santa Margarita Animal Care Center is not responsible for items left after boarding such as: toys, towels, or blankets. I also understand that they DO NOT accept collars, leashes, bedding or carriers.

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In accordance with CALIFORNIA ABANDONMENT LAWS, (sections 1834.5 and 1834.6 of the Civil Code), Santa Margarita Animal Care Center is hereby authorized to make any necessary arrangements for said animal unless discharged to the owner or authorized agent within fourteen (14) days of the date that this pet is scheduled to be discharged. I understand that in the event of such an arrangement, I am liable for all charges of services rendered plus legal and/or court costs incurred with collection for those services.

I/We understand all of the above policies and agree to all additional fees that may apply to my pet's stay at SMACC

X

Owner's Signature

/ /

Date