



**ADVANCED CARE VETERINARY HOSPITAL**

12443 POWAY ROAD, POWAY, CA 92064

P: 1-858-486-8860 F: 1-858-486-0810

**BOARDING INFORMATION**

Owner's Name: <first-name> <last-name>

Date: <date>

**Monday-Saturday Boarding Available. No Sunday or Holiday Boarding.**

Personal belongings are not recommended such as: toys, blankets, chew toys, beds, leashes and collars. Advanced Care Veterinary Hospital is not responsible or liable for lost or damaged personal belongings. We provide adequate bedding that is changed daily or if soiled.

Pet(s) name: \_\_\_\_\_

**Date** and **times** that your pet(s) will be boarded \_\_\_\_\_ to \_\_\_\_\_

Boarding Pick-up:

- I, \_\_\_\_\_, will be picking up my pet.
- I authorize, \_\_\_\_\_, to pick-up my pet.

S/he can be reached at: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Phone number and dates where you can be reached in case of Emergency:

( \_\_\_\_\_ ) \_\_\_\_\_

In the case of an Emergency and I am unable to be reached, please call:

**Name/Relationship:** \_\_\_\_\_

**Phone Number:** \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

List any prescription medications, flea/heartworm/tick prevention or supplements your pet is currently taking (please include frequency and dose given [ie: 1 tablet twice a day]): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When were the medications last given [ie: last night at 6pm, this morning at 8am]? \_\_\_\_\_



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**What brand of food and how much does your pet eat? (food, treats, dental care, human food, etc.):**

Current Diet/Brand: \_\_\_\_\_

Amount: \_\_\_\_\_ cup(s) and/or \_\_\_\_\_ can.

Frequency (circle one): *Once daily*    *Twice daily*    *Free Fed*    *Other*

*If other, please specify:* \_\_\_\_\_

When was the last meal fed? \_\_\_\_\_ AM / PM     Today     Yesterday     Other: \_\_\_\_\_

*We love to show your pet we care... Are Treats Allowed for your pet?:*     Yes     No

▶▶▶ **ANY ALLERGIES (food, medication, environmental, vaccines)?**     Yes     No

If yes, please specify: \_\_\_\_\_

**Elective Procedures can be done upon request and staff availability. Additional charges apply, pricing available upon request.**

Pedicure:     Yes     No                      With Dremel:     Yes     No

Anal Glands:     Yes     No                      Ear Cleaning:     Yes     No

Bath:     Yes     No                      Vaccines:     Yes     No

Other:     Yes     No                      If other, please specify: \_\_\_\_\_

- Estimate of charges provided to you by an Advanced Care staff member.
- Payment in full is expected when your pet is discharged. A \$100 deposit is required for first time clients and extended boarding beyond 14 day period. Other services provided to your pet during boarding are charged at regular cost. Boarding charges are accrued PER NIGHT and are charged by the kennel size.

Reasonable accommodations *may be available by appointment only*. Charges are as follows:

- Boarding X-Small: \$25.00
  - Dimensions: 28.5in length x 22.25in width x 22.25in height
- Boarding Small: \$37.25
  - Dimensions: 28.5in length x 34.5in width x 28.25in height



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- Boarding Medium: \$46.75
  - Dimensions: 28.75in length x 46.75in width x 28.25in height
- Boarding Large (“Run”): \$56.00
  - 63in length x 35.25in width x 72.25in height

Client Initial \_\_\_\_\_

### Advanced Care Policies:

- **Exams:** All boarders must have a current exam (within the last 12 months) by a staff veterinarian of Advanced Care Veterinary Hospital.
- **Vaccinations:** All pets must be up to date on their vaccinations and it is the owner’s responsibility to make sure that proof of current vaccinations is on file with the hospital at the time of admission. *Dogs must be current on Rabies (1 or 3 year), Distemper combo (1 or 3 year), Bordetella, and Influenza (H3N2). Cats must be current on Rabies (1 or 3 year), and FVRCP (1 or 3 year).*
- **Internal/External Parasites:** All pets must be free of parasites including fleas, ticks and intestinal parasites. A Parasite Screen is required 3-10 days prior to boarding to ensure exposure risk is at an absolute minimum. If a positive parasite screen occurs and treatment is therefore warranted, Advanced Care Veterinary Hospital can still board your pet but your pet will be placed in isolation until fully clear of any intestinal parasites. Oral or Topical parasite prevention will be administered if indicated or warranted at the time of admission (Owner is responsible for additional fees). Pets with fleas will be given Capstar in accordance to our Flea Free Hospital protocol.
- **Medications:** If your pet is currently on medications, please inform the staff. **ALL** medications **MUST** be in its prescription bottle or in the over the counter bottle it originated from. Charges for administering medications or performing additional treatments (ex: physical therapy) are based on the number of doses given per day.
- **Feeding:** Advanced Care Veterinary Hospital provides Hills i/d dry as the hospital food if you are unable to provide food for your pet at an additional cost of \$6.00 per day. Upon request, canned Hills i/d food can be given and is charged by the can. If you do decide to provide your pet’s personal food, please specify information below.
- **Medical Illness Policy:** One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need arise. Occasionally pets may develop problems from environmental and dietary changes. Signs may include vomiting, diarrhea, coughing and self-trauma such as scratching or biting their skin, etc. An exam and treatments will be performed at the doctor’s discretion unless specified otherwise. We will make every attempt to contact you, but in the event you are unavailable, treatment will be provided at owner’s expense.



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- **Emergency Authorization:** If your pet has a life threatening medical emergency, we will make every attempt to contact you. In the event that you cannot be reached for any reason, you authorize emergency medical care for your pet in a life-threatening emergency.
- **No Overnight Care Provided:** Advanced Care Veterinary Hospital is closed and not staffed overnight.

**Client Initial** \_\_\_\_\_

If my animal(s) becomes ill during my absence and I am unable to be reached:

- Advanced Care Veterinary Hospital is authorized to perform all treatments as deemed necessary without regards to cost.
- Advanced Care Veterinary Hospital is authorized to perform treatment as deemed necessary up to \$\_\_\_\_\_.
- Advanced Care Veterinary Hospital should not perform any medical care except life saving measures (CPR/life sustaining procedures can range from \$100 - \$500, or more depending on the situation) without calling me first at the following phone number: \_\_\_\_\_.
- Advanced Care Veterinary Hospital should not perform any medical care including life saving measures without calling me first at the following phone number: \_\_\_\_\_.

**I understand that payment will be required at the time I return to pick up my pet and that I may be asked to leave a deposit prior to the start of services. I understand that Advanced Care Veterinary Hospital is closed and not staffed overnights. Furthermore, I understand that Advanced Care Veterinary Hospital is closed on Sundays but their staff will provide morning and evening care/treatments. I understand that I may pick up my pet at any time Monday through Friday from 7am to 7pm and Saturday from 8am to 5pm. I also fully understand and approve the policies, clearly stated on this form, of Advanced Care Veterinary Hospital.**

Signature of Owner/authorized agent: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness/ACVH Staff Member: \_\_\_\_\_