

**Toro Park**

ANIMAL HOSPITAL

(831) 484-9744

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Drop Off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

Boarding Accommodations: ☐ Run ☐ CagePlay Yard Accommodations: ☐ Able to play with other dogs ☐ Individual**Special Diet:****Medications:**

❖ Name of Medication: \_\_\_\_\_

Directions: \_\_\_\_\_ Last Given: \_\_\_\_\_

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Directions: \_\_\_\_\_ Last Given: \_\_\_\_\_

\*\* If medication run out while boarding they will be refilled and additional cost(s) may apply\*\*

➤ My pet had his/her flea control applied on \_\_\_\_\_ (date).

\*\*If the above products have not been applied within the last 30 days, or if fleas are seen while boarding, Toro Park Animal Hospital will automatically treat my pets. I understand that this is at an additional cost to me.\*\* \_\_\_\_\_ (initials)

Does your pet have any problems you would like us to check?

☐ Exams ☐ Vaccines ☐ Blood Work ☐ Dental ☐ Bath ☐ Pedicure☐ Other: \_\_\_\_\_

\*In the event that I am not available for consultation during the period when my pet is boarding, I hereby authorize the medical staff of Toro Park Animal Hospital to perform such diagnostic, therapeutic, and/or surgical procedures as are in their opinion necessary and advisable for treatment and maintenance of my pet's health and well being. I accept that all procedures will be performed to the best abilities of the professional staff and realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all service(s) rendered.

To prevent the spread of infectious diseases all boarding patients must be current on all vaccines (including Bordatella, for dogs) and free from internal and external parasites. The signature below authorizes this level of preventive care and appropriate charges will be assessed in the discharge invoice.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number(s) where you can reach in case of emergency: \_\_\_\_\_

In an event that you cannot be reached in an emergency, is there someone else that we may call regarding your pet:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal items brought with pets: \_\_\_\_\_

Office Use: Check in time: \_\_\_\_\_ Check in by: \_\_\_\_\_