



**MUIR OAKS VETERINARY HOSPITAL  
1180 MUIR RD  
MARTINEZ CA 94553  
925-372-9200**

**BOARDING AGREEMENT**

To insure the protection of all pets under our care, the following vaccines **must** be up-to-date:

**DOGS**

1. DHPP
2. RABIES
3. BORDETELLA(kennel cough)
4. INFLUENZA (CIV)

**CATS**

1. FVRCP
2. RABIES

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance with the above policy. I am also aware it is our hospital policy that an examination by a doctor will be performed prior to administration of any vaccines. (please refer to estimate for prices)

**MEDICAL ILLNESS POLICY**

One of the advantages of boarding your pet(s) at a veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number listed on boarding sheet regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

- Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.
- I authorize up to (check one or indicate amount)
  - \$ \_\_\_\_\_
  - \$ 100.00
  - \$ 200.00
 in medical care for my pet(s) until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

I have read and understand the agreement. I will be responsible for boarding charges along with any exam, vaccine or medical treatment charges for my pet(s) listed below. Veterinary services during nighttime hours, some daytime hours, and/or weekend hours, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

Pet's Name \_\_\_\_\_

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

(print)

\_\_\_\_\_

(sign)

Boarding Dates \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Please note that **pick-up times begin at 9:00 a.m.** on the day of discharge. If you pick-up before 1:00 pm., there will be no charge for that day.