

While boarding, please perform the following procedures:



Physical Exam _____ Vaccinations _____

Heartworm Test _____ Bath _____ Dip _____ Nail Trim _____

Other: 1: _____

2: _____

3: _____

4: _____

All animals entering the hospital must be up to date on vaccination and free of external parasites (fleas, ticks) or they will be treated upon admission at the owner's expense.

I authorize Arroyo Vista Animal Clinic to treat my pet(s) in case an emergency situation should arise.

Pets are released only during the regular office hours. It is my responsibility to inform the hospital if I will be delayed in picking up my pets; I will assume all costs associated with an extended stay.

Owner's signature _____ Date _____