

Dr. Jyl's Mobile Vet Connection Boarding/Daycare Drop-Off Information

Owner's Name	Pet's Name	Weight In:	Weight-Out:
Drop-Off Date / Time	Pick-Up Date / Time	Temp-In:	Temp-Out:

All phone numbers where you can be reached in case of an emergency (i.e.: Hotel, Friend or Family Member):

- If your pet did not receive its most recent vaccination(s) from Dr. Jyl's Mobile Vet Connection, you must present proof that they are up to date on vaccinations, or we will vaccinate your pet for its own protection and the following charges will apply. **The policy of Mobile Vet Connection is for all animals to be microchipped, current with annual health exam, current on all standard vaccinations (Bordetella must have been given within six months), fecal testing for Giardia, Heartworm/Lyme/Erh/Ana (4DX) test, and heartworm and flea preventative medication while boarding.**

Boarding Requirements (office to fill out vaccination status):

Canine Requirements:	Date Given	Cost
Current Exam		
DHPP <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Titer		
Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Titer		
Lepto 4way		
Fecal w/ Giardia		
HWT/ERY/AN/LYME (4DX)		
Bordetella (w/in 6mo)		
Microchip #		

Feline Requirements:	Date Given	Cost
Current Exam		
FVRCP <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Titer		
Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Titer		
FeLV		
Fecal w/ Giardia		
Microchip #		

Is your pet currently on a flea treatment and heartworm preventative program? ☐ Yes ☐ No

If yes, which products were given, and when were the last dosages administered?

Flea: _____ Date Given: _____ Heartworm: _____ Date Given: _____

Initial: _____ To ensure safety to other boarders, if your pet is not currently on a flea treatment program, a dose will be given at the owner's expense. The Mobile Vet Connection is not responsible for external parasite control and/or infestation after boarding. Our premises are kept as clean as possible.

Does your pet have any health problems (i.e.: seizure history, etc.) that we should be aware of? ☐ Yes ☐ No

If yes, please describe _____

Will your pet require medication(s) while boarding? If so, describe briefly here: _____

Initial: _____ There is a \$5.00 charge each time we administer medications while boarding (up to 4 meds). For 5-10 meds, there is an additional \$5.00 flat rate charge each time we administer the meds.

If your pet is a dog, has it been socialized with other animals? Yes ____ No ____ N/A ____

Did you bring your pet's food? ☐ Yes ☐ No If yes, What brand **Dry** _____ **Wet** _____

How much do you normally feed at home? In the Morning _____ In the Evening _____

Please list all items brought with your pet so we can return them when your pet goes home (ie: leash, toys, beds, etc.): _____

What command(s) does your pet respond to? _____

Has he/she ever bitten another animal or person? Yes ____ No ____ If yes, please describe: _____

List any additional services that you would like us to perform: _____

Initial: _____ I understand that the boarding day begins at 12:01 A.M. and ends at midnight. Fees accrue every day that your pet is in the clinic including the day you drop off and pick up, regardless of pick-up time. **Pick-up times are weekdays from 11:00 A.M. to 5:00 P.M., and Saturdays from 11:00 A.M. to 1:00 P.M. There are no pick-ups or drop-offs on Sundays.**

Note: A late fee of \$25.00 may be added to your bill for pick-ups and/or drop-offs 15 minutes past stated times. Pets left 30 minutes after stated times may incur a boarding fee of \$20.00, and may be required to be picked up the following morning.

Initial: _____ I acknowledge that I have been provided an estimate for services to be rendered and that payment is due upon pick-up. I further acknowledge that I may be required to pay a deposit of 50% when admitting my pet for boarding.



Initial: _____ Should my pet require medical care while boarding, I understand that every attempt will be made to reach me by phone. After the third attempt, I give my permission for treatment(s) needed to stabilize my pet. As the owner or agent, I hereby give my consent for Mobile Vet Connection to perform any and all emergency treatment as needed. I expect the Mobile Vet Connection to use reasonable care and judgment in performing the procedure(s). Regardless of the outcome of any procedures, I accept financial responsibility for all charges incurred, and I agree to pay for those charges at the time of release of my pet.

*** Or ***

Do Not Resuscitate (D.N.R.)

Initial: _____ In the event that an emergency situation should arise while my pet(s) is/are in the care of Dr. Jyl and the Mobile Vet Connection, I decline any and all life saving medical and resuscitation procedures to be performed.

California Code of Regulations 2030d requires us to inform you that personnel might not be on premises after hours. I understand that my pet is not under constant observation, and that there is no attendant on premises at night. I do not hold Dr. Jyl Rubin or the Mobile Vet Connection and staff responsible for any illness, injury, or loss that occurs as a result of my pet's own activity. If I do not pick up my pet within three days of the agreed upon pick up date, he/she can be considered abandoned, and the Mobile Vet Connection can dispose of the pet. In the event of such disposal (adoption, sale or euthanasia), I will not be relieved from paying all accumulated charges nor from paying all legal fees /court costs.

Signature

Date

Signature of Witness

*** All New Clients Are Required to Leave A Credit Card on File ***

We add a 3% surcharge on all credit card payments. This surcharge is not greater than our total cost of accepting credit cards. There is no surcharge for debit card, cash or check transactions.