

**ABORN GRIMMER BLVD**  
*Pet Hospital Veterinary Clinic*



40951 Grimmer Blvd. • Fremont, CA 94538  
 Phone: 510-656-0223 Fax: 510-656-3959  
 www.AbornGrimmerVet.com

**BOARDING RELEASE FORM**

Please read and fill out the form completely.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet(s) names \_\_\_\_\_ Sex \_\_\_\_\_ Breed(s) \_\_\_\_\_ Age: \_\_\_\_\_

Emergency number where owner can be reached \_\_\_\_\_

- Your pet(s) will be staying in a:
- 1.Run (Dog) [ ] \$19.75 per day
  - 2.TV Run (Dog) [ ] \$21.75 per day
  - 3.Cage (Dog) [ ] \$11.00 per day
  - 4.Condo (Cat) [ ] \$14.75 per day
  - 5.Cage (Cat) [ ] \$10.50 per day

**Grooming**

\_\_\_\_\_ I authorize grooming for my pet on Date: \_\_\_\_\_

\_\_\_\_\_ I authorize application of flea control if needed. (\$15.00 Advantage or \$17.00 Frontline)

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Aborn Pet Hospital to treat, prescribe for, or operate on my pet(s) while they are being boarded at the hospital.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but under any circumstances they will not be held liable or responsible, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstance arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

BOARDING POLICIES

FOR THE CONVENIENCE OF ABORN STAFF AND CLIENTS THE FOLLOWING REQUIREMENTS MUST BE MET BEFORE YOUR PETS ADMISSION WILL BE PROVIDED. BY SIGNING THIS FORM IT IS AN ACKNOWLEDGEMENT OF OUR POLICIES.PLEASE READ THE FOLLOWING CAREFULLY TO AVOID ANY CONFUSION IN REGARDS TO THE CHARGES FOR YOUR PETS STAY HERE.THANK YOU.

1.BECAUSE YOUR PET IS BOARDING AT A HOSPITAL, ALL VACCINATIONS ARE REQUIRED TO PREVENT THE SPREAD OF ILLNESS.VERIFICATION IS REQUIRED BEFORE YOUR PET WILL BE ADMITTED.IF MEDICAL RECORDS ARE NOT PRESENTED, A PHONE NUMBER OF YOUR PREVIOUS VETERINARIAN WILL BE SUFFICIENT IN PROVIDING VERIFICATION.ANY VACCINATIONS THAT HAVE NOT BEEN GIVEN MAY BE ADMINISTERED AT THE TIME OF THE DROP OFF.PLEASE KEEP IN MIND THAT AN EXAMINATION (\$33.60) MUST BE GIVEN BEFORE ANY VACCINES CAN BE ADMINISTERED.DUE TO THE RISKS OF AN UNVACCINATED PET BEING BOARDED NO EXCEPTIONS TO THIS RULE WILL BE MADE.

2. TOYS AND BLANKETS CAN BE LEFT WITH YOUR PET. BECAUSE OF THE CONSTANT CLEANING, FEEDING AND WALKING OF YOUR PET ITEMS MAY BE MISPLACED AT SOME POINT. WE WILL NOT BE RESPONSIBLE FOR ITEMS LEFT WITH YOUR PET. ABORN WILL PROVIDE BLANKETS FOR YOUR PETS COMFORT IF YOU CHOOSE NOT TO LEAVE ONE.

3. YOU WILL BE CHARGED FOR THE DAY OF YOUR PICK UP IF YOU ARRIVE AFTER 12:00 O'CLOCK. THE REASON FOR THIS IS THE EXTRA WALKING, FEEDING, CLEANING AND INTERUPTION OF OUR DAILY HOSPITAL SCHEDULE AND SURGERIES. WE ENGOURAGE YOU TO PICK UP BEFORE THIS DESIGNATED TIME FOR THE CONVENIENCE OF EVERYONE.

4. ANY MEDICATIONS OR SPECIAL REQUESTS REGARDING YOUR PET WILL ADD AN ADDITIONAL \$2.00 TO YOUR DAILY FEE. THESE REQUESTS INCLUDE ADDITIONAL WALKS, SPECIFIC FEEDING TIMES, MEDICATIONS TO BE GIVEN, ETC.

5. PLEASE NOTIFY THE RECEPTIONIST IF YOU HAVE ANY ADDITIONAL TREATMENTS YOU WOULD LIKE DONE DURING YOUR PETS STAY. GROOMING, EXAMS AND VACCINATIONS CAN BE PROVIDED DURING YOUR PETS VISIT.

6. ALL PETS OF THE SAME OWNER THAT ARE BOARDING IN THE SAME FACILITY OR CAGE RECEIVE \$1.00 DOLLAR OFF THEIR DAILY FEE. IF THERE IS ANY CONFUSION REGARDING YOUR DAILY FEE PLEASE ASK THE RECEPTIONIST FOR CLARIFICATION.

7. ALTHOUGH AN ABORN TECHNICIAN WILL BE ARRIVING ON SUNDAYS TO FEED AND CARE FOR THE BOARDERS, NO PICK UPS WILL BE ALLOWED ON THIS DAY. THE PROCESS OF STARTING AND CLOSING OUR HOSPITAL SYSTEMS IS SIMPLY TOO LENGTHY OF A PROCESS TO DISCHARGE ONE BOARDER. PLEASE SCHEDULE ACCORDINGLY AS NO EXCEPTIONS WILL BE MADE TO THIS RULE.

BY SIGNING BELOW YOU STATE YOU HAVE READ & AGREE TO THE ABOVE.

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Signature of Owner/Representative of Owner Date

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Signature of Employee (Check In) Date

## PET HEALTH QUESTIONS?

Please answer the following questions by circling **Yes** or **No** (explain if needed).

Has your pet had any recent medical problems?      **Yes No** \_\_\_\_\_

Does your pet have any chronic medical problems?      **Yes No** \_\_\_\_\_

Does your pet have any allergies? (If yes, to what?)      **Yes No** \_\_\_\_\_

Is your pet on any medications? (If yes, what?)      **Yes No** \_\_\_\_\_

Has your pet traveled out of state? (If Yes, Where?)      **Yes No** \_\_\_\_\_

Was your pet heartworm tested within the last year?      **Yes No** \_\_\_\_\_

Is your pet given heartworm prevention medication?      **Yes No** \_\_\_\_\_

Has your pet been tested for worms in the last year?      **Yes No** \_\_\_\_\_

### **Has your pet shown any of the following signs or symptoms?**

Bad breath or unusual body odors?	<b>Yes No</b>	Head shaking?	<b>Yes No</b>
Coughing or sneezing or wheezing?	<b>Yes No</b>	Itching or scratching?	<b>Yes No</b>
Gagging or choking?	<b>Yes No</b>	Poor coat or hair loss?	<b>Yes No</b>
Vomiting or diarrhea?	<b>Yes No</b>	Skin Problems?	<b>Yes No</b>
Scotting of rear end?	<b>Yes No</b>	Lumps or Bumps	<b>Yes No</b>
Lameness or stiffness?	<b>Yes No</b>	Tremors or Seizures?	<b>Yes No</b>
Listlessness or weakness?	<b>Yes No</b>	Unusual Discharge?	<b>Yes No</b>

Has your pet shown **significant change** in any of the following?

Character of bowel movements?	<b>Yes No</b>	Appetite?	<b>Yes No</b>
Frequency or amount of urination?	<b>Yes No</b>	Drinking?	<b>Yes No</b>
Weight gain or loss?	<b>Yes No</b>	Behavior?	<b>Yes No</b>