

We are happy to care for your pet while you are away.

To make “check in” quick and easy, ***please complete the forms on the next two pages, and give them to the receptionist when you bring in your pet.*** By answering each question, you are providing us with information that will help us provide the best care for your pet. Your pets will be under the loving care of our technicians and doctors while boarding with us.

While visiting, your pet will stay in a private, comfortable, and temperature controlled kennel. Clean fresh water is provided at all times. Your dog will be walked twice during the day. Cats stay inside with clean personal litter pans. Your pet will be fed a premium diet (Hills Science Diet) each day. Please indicate any specific dietary needs on the reverse side. If you indicate a special diet, please remember to bring enough food for your pet while you are away.

**To ensure the health of every pet:**

**All dogs are required to have current Vaccinations for the following:**

- 🐕 Distemper
- 🐕 Parvovirus
- 🐕 Rabies
- 🐕 Bordetella (Infectious Tracheobronchitis)

**All cats are required to have current Vaccinations for the following:**

- 🐈 FVRCP/Upper Respiratory
- 🐈 Rabies

**(Please bring proof of vaccinations if we are not your veterinarian)**

***\*\* To further protect all pets, any boarding animal that is found to have parasites such as worms, fleas and ticks will be treated at the owner's expense.***

You can pick up your pet Monday through Friday from 8:00 AM to 6:00 PM and Wednesday from 8:00 AM to 8:00 PM and on Saturday from 8:00 AM to 3:00 PM. **Please be sure to tell us what time you will come to pick up your pet so we can be sure they are clean and ready to go.**

Please call in advance for reservations, as boarding space is limited, especially during the holiday seasons.

We enjoy caring for your pet.

***South Shores Pet Clinic staff***

2318 S Western Avenue, San Pedro, CA 90732

Phone: (310) 832-5327

fax: (310) 832-1318

[www.sspet.com](http://www.sspet.com)

Owner's Name

Pet's Name

Telephone number while away

Emergency Contact

Phone Number

Date you are bringing your pet

Approximate time

Date you are picking up your pet

Approximate time *(within 2 hours)*

If you will not be picking up your pet from boarding, please state who is:

Please indicate any medication you are bringing for your pet and how frequently it should be given *(attach another sheet if necessary)*

**(A)**

Medication

How Often

**(B)**

Medication

How Often

**(C)**

Medication

How Often

**(D)**

Medication

How often

Please select the letters indicating which medications that have been given today:

A

B

C

D

Are you providing us with food for your pet?    Yes        No

*If not, we feed Hills Science Diet at no charge.*

*We DO sell Hills Prescription Diet that can be charged to your account.*

Feeding instructions *(Frequency/Quantity)*

Has your pet eaten yet today?    Yes        No

**Accommodations:**

Dogs: Large Medium Small Double Occupancy

Cats: Double Condo Single Condo

*To protect all pets, each dog and cat must have current vaccinations and an annual comprehensive physical exam. If your pet is due for any vaccinations, they will be given while boarding for the standard vaccine fee. If they have been vaccinated elsewhere and are up to date, please provide us with a written record.*

**Please indicate any additional services we can provide for you pet below.**

Bath

Extra walks per day *(2 included)*: 1x 2x 3x

Fecal exam and deworming, if positive

Nail trim

Heartworm test

Other, please specify:

How did you learn about our boarding facility?

Personal Experience Friend or Relative Other:

*As an authorized owner or agent of the above pet, I have read and understand the regulations above. While boarding at the South Shores Pet Clinical, I give the right to treat the above pet as they feel necessary for any medical problems that may arise. I understand that I accept full financial responsibility for any treatment that need be given. I agree to pay additional fees for optional services listed above. I understand that admission and discharge of my pet will occur during regular hospital hours.*

Please check this box and type your full name in the box below to indicate that you agree to the terms above.

Owner or Authorized Agent:

Date: