

**Singing Hills Animal Hospital**

**1951 Willow Glen Dr.**

**El Cajon, CA 92019**

Check in Staff Initials: \_\_\_\_\_

**Boarding Agreement and Release**

Name: \_\_\_\_\_, Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_, Sex: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_ o AM o PM

*We are closed on holidays, Saturdays and Sundays. Prepayment is required for after hours departures. Departure time for Saturdays, Sundays, and holidays are 8am-8:30am or 5pm-5:30pm. No exceptions. Please allow 30 minutes to pick up and drop off your pet.*

**Requested Service during boarding:**

☐ Nail Trim ☐ Bath/Brush out ☐ Haircut  
☐ \$68 Exam ☐ Summer Shave

Please provide any special instructions for grooming:  
\_\_\_\_\_  
\_\_\_\_\_

*If your pet is being groomed, the grooming department will contact you when they are ready to go home, generally after 12pm. Matted hair coat will result in additional fees.*

Does your pet have any special characteristics we should be aware of? (ex. People aggressive, dog aggressive, barker, jumper, fearful, shy, picky eater, escape artist, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet require any medications during their stay? ☐ Yes ☐ No (*Medicated boarding fees apply.*)

If yes, please list: \_\_\_\_\_

Are you providing your pet's food during their stay with us? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

*We currently feed homemade rice, ground turkey, mix veggies and Science Diet (I/D) dry food twice daily. If your pet is currently on a prescription diet and you are not providing your pet's prescription diet, an extra charge will apply.*

Infection Canine Tracheobronchitis: According to ASPCA, "Kennel cough" is a term loosely used to describe a complex of respiratory infections – both viral and bacterial – that causes inflammation of a dog's voice box and windpipe. It's a form of bronchitis and is similar to a chest cold in humans. I understand that canine cough is unpreventable and there are over one hundred strains which are all an airborne virus and SHAH is not responsible. If my pet shows symptoms of canine cough, SHAH will make every effort to get your dog veterinary attention as soon as possible at the owner's expense. I authorize SHAH at SHAH's sole discretion, to take any steps necessary to isolate my pet to avoid further exposure to other pets in the facility. A cough suppressant or antimicrobial may be prescribed. In most cases, the signs of kennel cough gradually decrease and disappear after three weeks. Young puppies, elderly dogs and other immunocompromised animals may take up to six weeks or more to recover. Animals may remain infectious for long periods of time even after the symptoms have cleared. \_\_\_\_\_

**Requirements for Boarding/Hospital Policies**

1. I understand that all pets must have documentation of current exams, an annual fecal screening and vaccinations, administered by a veterinarian. Past due examinations and vaccines will be given at the owner's expense. (Exams within a year; Canines: DAP, Leptospirosis, Bordetella, Rabies; Felines: Annual Negative FELV/FIV Testing FVRCP)

2. I understand that all pets must be free of parasites (internal and external) or

they will be treated at owner's expense.

3. I understand Singing Hills Animal Hospital will use all reasonable precautions against injury, escape or death of my pet. The hospital staff will NOT be held liable for any unforeseen circumstances that may develop provided reasonable care and precautions are followed.

4. I understand some pets may develop diarrhea and/or vomiting due to stress, change of environment, or food. Should my pet require medical attention, I

I have read the boarding requirements and understand the hospital's policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact/Release Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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agree to treatments deemed best by the staff veterinarians and I assume full responsibility for the treatments and fees incurred.

5. If I neglect to pick up my pet within 14 (fourteen) days of the date above, and do not notify Singing Hills Animal Hospital within that time period, Singing Hills Animal Hospital will assume that my pet has been abandoned and hereby begin abandonment proceedings. (CA Civil Code Section 1834.5) I understand my credit card will be charged appropriately.

6. We will provide bedding and toys during your pet's stay. Any personal belongings left in our care will be placed in your pet's cubby. **SHAH is not responsible for any lost or damaged belongings.**

7. Bones, rawhides, deer antlers and other hard chews are not permitted during boarding. This is to prevent potential damage to teeth, choking or death to your pet.

**8. Singing Hills Animal Hospital maintains a clean and sanitary environment. A clean up bath may be performed during the stay if my pet becomes soiled with his/her urine/feces. (\$30-\$40).**

9. Pets may only be picked up during regular business hours (Monday through Friday 7:30-5:30p, Sat/Sunday 8-8:30a or 5-5:30p). SATURDAY/SUNDAY AND HOLIDAY PICKUPS MUST BE ARRANGED AHEAD OF TIME. Staff will care for pets on the days that we are closed. There may be times when there is no personnel on premises.

10. Singing Hills Animal Hospital may require a health exam with one of our doctors for the following conditions: diabetes, seizures, or pets of advanced age.

11. By signing below, I am verifying that I am the rightful owner of <animal> and the person authorized to make medical decisions for <him>. In the event of emergency, I understand that Singing Hills Animal Hospital will take all life saving measures, including the use of anesthesia, until I can be reached to discuss further treatment options. I understand that every reasonable effort will be made to contact me, but if I am unable to be reached I hereby authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my animal. I understand that I will be responsible for all charges incurred at checkout.

However, please limit the cost to (in addition to boarding fees):

\_\_\_\_\_.

I have read the boarding requirements and understand the hospital's policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact/Release Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_