



# BOARDING RESERVATION

VETERINARY HEALTHCARE CENTER  
241 WEST POMONA BLVD.  
MONTEREY PARK, CA 91754  
(323) 890-9000  
WWW.VHC.LA

**OWNER'S INFORMATION:**

NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (M.I.)

CLIENT I.D. NUMBER: \_\_\_\_\_

**PRIMARY CONTACT INFORMATION DURING EXTENT OF BOARDING:**

NAME: \_\_\_\_\_ RELATION (IF NOT THE OWNER): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  CELLULAR  HOME

**EMERGENCY CONTACT INFORMATION DURING EXTENT OF BOARDING:**

NAME: \_\_\_\_\_ RELATION (IF NOT THE OWNER): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  CELLULAR  HOME

**PATIENT'S INFORMATION:**

NAME: \_\_\_\_\_  CANINE  FELINE

BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_

**BOARDING INFORMATION:**

DROP OFF DATE: \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_

**SPECIAL SERVICES:**

	YES	NO
DOCTOR'S EXAMINATION? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
VACCINATIONS? . . . . . (UNVACCINATED PETS RUN THE RISK OF CONTRACTING SERIOUS ILLNESSES)	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION ADMINISTRATION? . . . . . PLEASE STIPULATE: _____	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL DIET? . . . . . PLEASE STIPULATE: _____	<input type="checkbox"/>	<input type="checkbox"/>

OTHER ITEMS LEFT WITH PET: \_\_\_\_\_

DAILY BOARDING RATE OF \$ \_\_\_\_\_ PER DAY WILL BE APPLIED TO YOUR BILL. PETS PICKED UP AFTER 12:00 NOON ARE CHARGED AN ADDITIONAL DAY. MEDICATION ADMINISTRATION IS AN ADDITIONAL CHARGE OF \$10.00 PER DAY.

I Do  I Do NOT AUTHORIZE EMERGENCY TREATMENT WITHOUT MY APPROVAL FOR LIFE AND DEATH SITUATIONS.

I Do  I Do NOT CONSENT TO THE ADMINISTRATION OF TRANQUILIZERS IF NECESSARY.

I Do  I Do NOT AUTHORIZE ADDITIONAL TREATMENT IF I CANNOT BE REACHED BY PHONE.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(REQUIRED)

RECEPTIONIST'S INITIALS: \_\_\_\_\_