



Valley Veterinary Clinic

Valley Veterinary Clinic

L.L. Novy D.V.M. & Associates

845 East Los Angeles Avenue, Simi Valley, California 93065

Tel [805] 526-0917 Fax [805] 584-0918

BOARDING ADMISSION FORM

Owner Last Name: _____ First Name: _____

Pet's Name: _____ Type of Pet: _____

Drop-Off Date: _____ Pick-up Date: _____ Pick-up Time: _____

Phone number where you can be reached while your pet is boarding with us: _____

Emergency phone number (alternate contact person): _____

Is your pet current on all vaccines? ___ Yes ___ No (current vaccinations are required for boarding)

Medications:

Is your pet on any medication? ___ Yes ___ No

Name of Medication _____ Dosage Instructions _____

Name of Medication _____ Dosage Instructions _____

Name of Medication _____ Dosage Instructions _____

Diet:

Does your pet require any "Special" food? ___ Yes ___ No If yes, what? _____

Have you provided food and/or treats? ___ Yes ___ No

Please specify feeding instructions: _____

Special Instructions:

Please perform the following procedures on my pet during boarding. Extra fees will be charged for all requested procedures below:

___ Medical Exam ___ Vaccinations ___ Viral Testing ___ Fecal Exam ___ Pedicure

___ Other, please specify: _____

Signature: _____ Date: _____

Please note: Any treatments and/or medications required while boarding will be charged and payable at release. We are not responsible for leashes, toys and blankets left while boarding. Blankets are provided by the clinic for all boarders during their stay.



Valley Veterinary Clinic
L.L. Novy D.V.M. & Associates
845 East Los Angeles Avenue, Simi Valley, California 93065
Tel [805] 526-0917 Fax [805] 584-0918

Permission to Treat

I hereby authorize Valley Veterinary Clinic to treat my animal(s) in my absence. I understand the veterinarian may perform and/or administer anesthesia, medications, treatments and procedures that he/she deems necessary. I accept full financial responsibility for this medical care and understand that the fee is due and payable in full when services are provided. These charges will be billed to my credit card according to the information that I have provided below. I certify and acknowledge that I am the owner/agent of the animal(s) listed below and have the authority to execute this consent. I have read this release and fully understand the terms and conditions.

Pet's Name: _____ Type of Pet: Canine () Feline () Exotic ()
Pet's Name: _____ Type of Pet: Canine () Feline () Exotic ()
Pet's Name: _____ Type of Pet: Canine () Feline () Exotic ()
Pet's Name: _____ Type of Pet: Canine () Feline () Exotic ()

Period of Absence: _____ To: _____

I, _____ hereby authorize Valley Veterinary Clinic to
Print First Name/ Initial/ Last Name

charge my VISA MasterCard Discover.

Credit Card #: _____ Expiration Date: _____

3 Digit Security Card #: _____ (located in the back of the credit card)

Print Last Name: _____ First Name: _____

Home Address: _____

City & Zip Code: _____

Zip Code (for credit card billing if different from home zip code) _____

Emergency Contact & Phone Number: _____

Owner/Cardholder's Signature: _____ Date: _____