



# PET HOTEL & Grooming Salon

## BOARDING CONTRACT

### Authorization for Boarding and Necessary Veterinary Services

Name: \_\_\_\_\_  
First Last  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Cell Phone/Pager: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_  
Name Relationship Phone Number  
 Pet Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Neutered/Spayed \_\_\_\_\_ Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
 Special Identification: ID Tag # \_\_\_\_\_ Tattoo # \_\_\_\_\_ Microchip # \_\_\_\_\_  
 Does your pet:  Bite  Jump  Climb History of medical problems, allergies, etc.: \_\_\_\_\_  
 Other comments or information about your pet that you feel might be helpful: \_\_\_\_\_  
 Date of Last Vaccinations (Proof is required): Dogs: Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_  
 Cats: Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_

I confirm that all the information I have provided about my pet is accurate. I understand spcaLA reserves the right to deny admittance of my pet for any reason at any time. \_\_\_\_ Client Initials

I agree to pay spcaLA the boarding fee of \$35.00 per night for dogs or \$15.00 per night for cats as applicable. I understand that I will be charged an additional night if the pet is picked-up after 12 noon and I agree to pay this charge. The applicable rate will be doubled, on a per day basis, for each extra day the pet is boarded, if the pet is not retrieved at the end of the agreed-upon boarding time period stated herein. I further agree to pay all costs and charges for special services requested. \_\_\_\_ Client Initials

Ample notice of cancellation is required. I agree to give spcaLA at least 72 hours advance notice of cancellation. I understand that if I fail to do so, my credit card will be charged a single night's boarding fee as applicable and I agree to this charge. \_\_\_\_ Client Initials

A deposit (using a major credit card) may be required at the time the reservation is made. spcaLA reserves the right to determine an appropriate deposit based on the length of the reserved stay. In no event shall the deposit exceed 50% of said stay. \_\_\_\_ Client Initials

I, the owner or authorized agent of the admitted pet \_\_\_\_\_, hereby authorize spcaLA to board the above described pet on their premises at 7700 East Spring Street, Long Beach, CA 90815 and hold spcaLA blameless for any sickness, injury, death, or loss of this pet while boarding.

spcaLA shall exercise reasonable care for the pet delivered by me. If interactive daycare is provided, I recognize and accept the potential risks involved in such activity. I agree that spcaLA's liability in connection with this Boarding contract shall in no event exceed the lesser of the current provable value of a pet of the same species or the sum of \$400. I further agree to be solely responsible for any and all acts or behavior of said pet while it is in the care of spcaLA, which may include payment of costs incurred for injury to staff or other pets or damage to facilities caused by the pet.

spcaLA is hereby authorized to take said pet to my veterinarian in case of sickness, injury or other abnormalities, as spcaLA may determine is necessary or appropriate in its sole discretion.

Name of Veterinarian or Hospital \_\_\_\_\_  
Name Phone Number

If spcaLA is unable to contact said veterinarian, spcaLA is hereby authorized to take said pet to a local veterinarian of their choice. \_\_\_\_ Client Initials

If my pet becomes ill, spcaLA is authorized to take my pet to my veterinarian as named above and if none is named or the named veterinarian is unavailable or circumstances otherwise warrant, spcaLA may as determined by spcaLA in its sole discretion, engage the services of a veterinarian, administer medicine, or give other essential attention to the animal. I hereby agree to reimburse spcaLA for veterinary costs, whether specifically authorized or not, in an amount which will be unlimited unless otherwise limited by owner to an amount no greater than \$ \_\_\_\_\_. I give my full authorization to use my credit card for these purposes. I further understand that should veterinary care be required, no guarantee of successful treatment is made and I agree not to hold spcaLA or the attending veterinarian responsible. \_\_\_\_ Client Initials

I understand that natural disasters and other regional emergencies may occur while my pet is being boarded. spcaLA will use reasonable efforts to ensure the safety and security of all pets in its care; therefore spcaLA cannot guarantee that the pet will remain in the facility during such emergencies, if it is deemed necessary to relocate them for safety reasons. \_\_\_\_\_ Client Initials

For senior and chronically sick pets, I understand that there are inherent risks in boarding a senior or chronically sick pet. Underlying health problems can be exacerbated by stress, and illness or infections, which would be minor in a healthy pet, can become serious and even life threatening in an elderly or frail pet. If your pet requires medication during their stay, please complete and present medication form. \_\_\_\_\_ Client Initials

Any pet left for 14 days past the scheduled pick-up date will be deemed abandoned. spcaLA will make all reasonable attempts to contact the owner. If, after all reasonable attempts have been made with no response, the animal will become the property of spcaLA, and as such, spcaLA will have the authority to do with that animal as spcaLA sees fit. I understand this action will not, however, relieve me from paying all charges for services rendered and all legal and/or costs incurred with collection for services. \_\_\_\_\_ Client Initials

I request the following additional services for my animal while in the care of spcaLA:  
 \$5 Administration of Medication per day. Number of days \_\_\_\_\_  \$5 Brushing/socializing. Number of 15 min sessions \_\_\_\_\_ per day  
 \$5 Exercise session Number of 15 min sessions \_\_\_\_\_ per day  \$2 Kuranda Cot \_\_\_\_\_ per day  
 \$5 Pool Time. Number of 15 min sessions \_\_\_\_\_ per day  \$5 Cat Atrium. Number of 15 min sessions \_\_\_\_\_ per day  
 Exit Bath(\$5 off) Performed within 24 hours prior to departure.  Other Services \_\_\_\_\_

At time of admission, all pets must be free of fleas and ticks. I agree to be financially responsible for any required treatment for fleas/ticks and/or required bathing, if determined necessary by spcaLA.

I understand that spcaLA is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys and bedding. spcaLA recommends that all items brought to our facility be labeled with your pets first and last name. \_\_\_\_\_ Client Initials

I understand that attendants are on site during regular business hours and on scheduled shifts during holidays and days closed. I understand and acknowledge that spcaLA's boarding facility is not staffed 24 hours per day, seven days a week. \_\_\_\_\_ Client Initials

I understand that if my pet should bite a person, my pet will be quarantined in accordance with state and local laws. Daily boarding fees may apply. \_\_\_\_\_ Client Initials

I understand boarding services are a benefit to spcaLA donors who have given seventy-five (\$75) U.S. dollars within twelve months prior to the first day of boarding. I understand my donor level must be verified by spcaLA prior to my pet (s) being admitted to the spcaLA boarding facility. I understand that gifts-in-kind, event sponsorships, corporate contributions, event registration fees, restitution, or any gifts for which I received goods or services do not count toward my total donation of \$75 or more to spcaLA in the past twelve months. \_\_\_\_\_ Client Initials

I understand that it is spcaLA policy that no one, aside from spcaLA staff, be allowed to interact with your pet during the boarding period. Being boarded without interruptions from the owner, friends or family makes the boarding experience less confusing and less stressful for your pet. \_\_\_\_\_ Client Initials

\_\_\_\_\_ I have donated \$75 or more to spcaLA within the past twelve months. \_\_\_\_\_ I have not donated \$75 or more to spcaLA in the past twelve months. I agree to make a donation of \$75 or more prior to my pet's admittance to the boarding facility, if 1) I have not made donations totaling \$75 or more in the twelve months or 2) spcaLA is unable to verify donor level prior to the first day spcaLA is to board my pet (s).

This Contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representative and assigns of the owner and spcaLA.

Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as a result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association Expedited Rules of Arbitration, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

I have read the foregoing and agree to all the terms and conditions thereof.

Signature of owner/authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

How many days will you be boarding your pet? \_\_\_\_\_ Start date: \_\_\_\_\_ Pick-up date: \_\_\_\_\_

Time to be dropped off: \_\_\_\_\_ Time to be picked up: \_\_\_\_\_ (must be before 12:00 noon to avoid additional day's charge)

Credit Card Number: \_\_\_\_\_ Exp.Date \_\_\_\_\_ Security# \_\_\_\_\_

*To confirm your reservation, a credit card number is required.*

To make your reservation, please call 562-570-3079 or email us at [boardgroom@spcaLA.com](mailto:boardgroom@spcaLA.com). To become a donor, please call our Fund Development Department at 323-730-5300, x233. Note: Requested days for boarding cannot be secured until a boarding contract is completed, received and deposit has been processed. Completed contract must be faxed to (562) 570-3083, or brought in to: 7700 East Spring Street, Long Beach CA 90815.

Office Use Only

**TO BE COMPLETED AT TIME OF CHECK-IN:**

Medication Form \_\_\_\_\_ YES \_\_\_\_\_ NO Feed Pet before pick up \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Client Initials

Pet's Personal Items Received: \_\_\_\_\_