



Date of Last Vaccination
Bordetella _____
DHLPP _____
Rabies _____
FVRCP _____

Date of last Donation _____
Birth date: _____ Weight: _____

REPEAT BOARDING CONTRACT

Authorization for Boarding and Necessary Veterinary Services

Name: _____
First Last

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

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. ____ Client Initials

spcaLA shall exercise reasonable care for the pet delivered by me. 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.

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

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

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: _____

Start date: _____ Time to be dropped off: _____ Pick-up date: _____ Time to be picked up: _____ (must be before noon)

Credit Card Number: _____ Exp.Date _____ Security# _____
To confirm your reservation, a credit card number is required.

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: _____