

~~Boarding Agreement~~  
**Akal Animal Hospital**  
**940 Berryessa Road**  
**San Jose, CA 95133**  
**Ph: (408) 453-2524**

**Drop off date:** \_\_\_\_\_ **Pick-up date:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

	<b>Name of Pet(s):</b>	<b>Medications:</b>	<b>Vaccinations:</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Special Instructions or Feeding Directions:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**Belongings:** \_\_\_\_\_

\_\_\_\_\_

**For Your Pet's Health**

**Vaccination Policy:**

To ensure the protection of all pets under our care, the following must be up to date:

**Dogs:** DHLPP, Bordetella, Rabies, and stool sample (in the last year)

**Cats:** FVRCP, Rabies, and stool sample and combo test (in the last year)

If your pet(s) is/are not up to date, or you are unable to show proof of vaccination, you must agree to your pet(s) being updated while here \_\_\_\_\_

Initial here

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive flea treatment at the owner's expense \_\_\_\_\_

Initial here

**Medical Illness Policy:**

If your pet(s) becomes ill, we will call the emergency contacts listed above regarding your pet's symptoms, treatment options, and estimates of additional costs. In the event that no one can be reached, please indicate your wishes below should your pet require immediate treatment to relieve discomfort or to resolve any important medical condition.

**Please Check ONE:**

\_\_\_\_\_ Please perform all non-elective treatments and diagnostics the doctor deems necessary until someone can be reached.

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

\_\_\_\_\_ I authorize up to \$ \_\_\_\_\_ in medical care until someone can be reached.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date