



PET HOTEL

preferred lodging for pets

Boarding Contract

Authorization for Boarding and Necessary Veterinary Services

NAME			
ADDRESS		CITY	STATE ZIP
DRIVER'S LICENSE #	HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	HOW DID YOU HEAR ABOUT US?		

Local Emergency Contact

NAME	RELATIONSHIP	PHONE
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Pet's Information

PET'S NAME		DATE OF BIRTH	SEX	SPAYED/NEUTERED?
WEIGHT	AGE	BREED		COLOR/MARKINGS
HAS YOUR PET INJURED ANOTHER ANIMAL OR PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN:		DOES YOUR PET: <input type="checkbox"/> Bite <input type="checkbox"/> Climb <input type="checkbox"/> Jump <input type="checkbox"/> Dig	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 _____ DHPP _____ 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. 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, I will not be refunded the deposit and I agree to this charge.

Client Initials

A deposit (using a major credit card) is required at the time the reservation is made. The deposit is the first night's stay and will be applied at time of check-out.

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.

Client Initials

If my pet becomes ill, or the state of my pet's health otherwise requires medical attention, spcaLA in its sole discretion, may engage the services of a veterinarian, administer medicine, or give other essential attention to the animal. This may include diarrhea, vomiting, dehydration, nasal discharge, coughing as well as other illnesses. If pet appears to have a contagious disease or condition, diagnostic testing will be enacted at owner's expense to prevent spread. I hereby authorize spcaLA to render any treatment that is deemed necessary to my pet(s) health while in the care of spcaLA. I understand that in the event of a medical emergency if time permits, the staff will make every attempt to contact me or my designated representative before proceeding with treatment. I hereby agree to reimburse spcaLA for veterinary costs, whether specifically authorized or notified by owner to an amount no greater than \$ _____. The minimum amount required is \$200.

Client Initials

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 a Health Certificate is required one week prior to boarding date and 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 prior to boarding drop off date.

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:

<input type="checkbox"/> Administration of Medication \$5 / day for _____ days.	<input type="checkbox"/> Exercise session \$5 / 15-minute session. _____ sessions per day
Exit Bath Performed within 24 hours prior to departure.	<input type="checkbox"/> Cat Atrium \$5 / 15-minute session. _____ sessions per day. _____ Add. cat \$2
Choose: <input type="checkbox"/> Basic (\$5 off) <input type="checkbox"/> Deluxe <input type="checkbox"/> Spa <input type="checkbox"/> Plus Haircut	<input type="checkbox"/> Kuranda Cot (for dogs) \$2 / day. _____ days
<input type="checkbox"/> Kong® Treat (for dogs) \$2/Kong. _____ per day:	<input type="checkbox"/> Anal Glands Expressed \$15: <input type="checkbox"/> Nail Trim \$10 : <input type="checkbox"/> Aromatherapy (for dogs) \$5 per visit
<input type="checkbox"/> Brushing Session \$5 / session. _____ sessions per day.	<input type="checkbox"/> \$16 Flea Treatment Choose: <input type="checkbox"/> Frontline <input type="checkbox"/> Advantage <input type="checkbox"/> Tritak

Client Initials

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.

Client Initials

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

Boarding start date

Pick-up date

Drop-off time

Must be between 9:00AM-3:30 PM Wed-Sun
and between 8:30AM and 10:30AM on Mon

Pick-up time

Must be before noon to avoid additional
day's charge, Mon before 10:30am

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

Expiration Date

To make your reservation, please call 562-206-1375 or email us at boardgroom@spcaLA.com. 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) 354-2986, or brought in to: 7700 East Spring Street, Long Beach CA 90815.

TO BE COMPLETED AT TIME OF CHECK-IN:	
Medication form? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pet's personal items received:
Feed pet before pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Feeding instructions:

Client Initials