

Office Hours
M-F ~ 8-6
Sat ~ 8-4

Rainbow Veterinary Hospital

(818) 846-1166

BED & BREAKFAST ADMISSION FORM

No Night Attendant on Duty

Last Name _____ File Number _____

Pet's Name _____ Day in _____

Description _____ Day out _____

Weight _____ Checked in _____ Admitted by _____

BOARDING RATES

(Boarding is charged by the calendar day) (By night)

OUR GOAL is to protect pets boarding here, so please understand our policies are for the safety and good health of your pet. All vaccines must be current and pets must be free of internal and external parasites to prevent the spread of infectious diseases and parasites. Most worms cannot be seen in pets stools. We recommend that fecals be done annually.

Canine Vaccines DHPP ___ Bord ___ Rabies ___ Lymes ___ Rattlesnake ___

Feline Vaccines FVRCP ___ Felv ___ Rabies ___

Grooming Options (We strongly recommend bathing of dogs before discharge)

Deflea upon admission with ADVANTAGE or FRONTLINE \$19.40 _____

BATH _____

Bath free with 5 days or more _____

Bed & Breakfast Comfort (For your pet's extra comfort you may bring your own bedding, toys and food. Rainbow is not responsible for the damage or loss of personal belongings).

Belongings _____

Diet _____

Medication _____

There is a charge for administering medications. Please bring all your medications for the pet.

Extra 15 minute dog exercise period \$7.20 M T W Th F S

5 DAYS –	FREE BATH
21 DAYS –	10% OFF
30 DAYS –	15% OFF
Accumulative for calendar year	

Is there anything else you would like us to do for your pet during its stay?

Microchip

Dental Cleaning

Nails and Anals

Lumps and Bumps

Lab Work

There will be a late fee of \$2.50/min if you are picking up your pet after regular business hours. (Covers Overtime)

Boarding _____

Bath/Groom _____

Vaccines _____

Other _____

Total _____

Release of Liability Owner releases hospital of all liability for escape, injury or any other problem which may arise while technicians are taking dogs for walks or exercise outside the hospital.

I authorize Rainbow Veterinary Animal Hospital to provide vaccines and parasite control, as needed. If illness or injury occurs during stay, I wish:

Do nothing w/o contact

Limit to \$ _____

Do usual & customary

Signature _____ Date _____

Telephone Number _____ Deposit (1/2 if 10 days - Estimate) _____

Regular Business Hours
M-F ~ 8am - 6pm
Sat ~ 8am - 4pm

BOARDING RATES (Boarding is charged by the night)

Pick up time _____ Cubby _____