

# Capri Plaza Pet Clinic

19582 Ventura Blvd.  
Tarzana, CA 91356  
Phone (818) 881-6344  
Fax (818) 881-4384  
Yoko Tamura DVM

## BOARDING ADMISSION FORM

DOGS and CATS

Date: \_\_\_\_\_

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

Breed: \_\_\_\_\_

Street: \_\_\_\_\_

Sex: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**Medical History:** Has \_\_\_\_\_ had any illness in the last 30 days?  yes  no  
Has \_\_\_\_\_ received this month's flea control treatment?  yes  no

**Date given/applied:**

**For Cats:** Is \_\_\_\_\_ up-to-date on the following immunization?  
**FVRCP**  yes  no Date given: \_\_\_\_\_

**For Dogs:** Is \_\_\_\_\_ up-to-date on the following immunizations?  
**Rabies**  yes  no Date given: \_\_\_\_\_  
**Bordatella**  yes  no Date given: \_\_\_\_\_  
**DHPP**  yes  no Date given: \_\_\_\_\_

\*\*Please be advised that if you would like the clinic to supply your bird with food there will be an additional charge added to your bill for opening a bag of food. (Which will be yours to take).

**Feeding Instructions:** \_\_\_\_\_

**Current Medication & How Often:** \_\_\_\_\_

**\*\*NOTE: There is a daily charge for medication administration.\*\***

**If you are leaving your pet with its own carrier, blanket, toys, etc please list them here :**

**Procedures or problems to check during your pet's boarding stay:** \_\_\_\_\_

Exam  Flea Control application  Immunization

**Note:** For the protection of all animals boarded at our hospital, pets are required to be current on all vaccinations and flea control. If your pet is not current, he/she will be given the necessary vaccinations and/or flea control treatment to meet our boarding requirements with the owner assuming full responsibility for these related expenses.

**OWNER'S RELEASE:**

Capri Plaza Pet Clinic is to use all reasonable precaution against injury, escape, or death of your pet. The clinic and staff will not be held liable for any problems that develop (either with my pet or personal effects provided by me) provided reasonable care and precautions are followed.

I understand any problem that develops with your pet while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify the clinic within that time period, the clinic may assume that the pet is abandoned and is hereby authorized to take care of the pet as deemed best and/or necessary.

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Signed: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Pick up date and time: \_\_\_\_\_

9:00 am – 12:00 pm OR 2:00 pm – 6:00 pm