



## Client/Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

**PLEASE FILL OUT ALL INFORMATION**

### CLIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Email \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Wk Ph. \_\_\_\_\_  
Spouse/Co-Owner's Name \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Wk Ph. \_\_\_\_\_  
Emergency contact Name \_\_\_\_\_ Ph. \_\_\_\_\_

(Friend or relative, will only contact in case you are out of town and unable to contact)

Friend referral, who can we thank? Name \_\_\_\_\_

Do you have records at our May North Location? (McFarland) YES / NO

**ALL FEES ARE DUE AT TIME OF SERVICE**

**BOARDING FEES ARE PRE-PAID IF PICKING UP ON THE WEEKEND**

### PATIENT INFORMATION

Pet's Name \_\_\_\_\_ Species (Please circle)> Canine Feline  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex (please circle) Male Intact Female Intact Male Neutered Female Spayed  
Any previous serious illnesses or surgeries? \_\_\_\_\_  
Any allergies to vaccinations or medications? \_\_\_\_\_  
Is your Pet on any special diets or medications? \_\_\_\_\_

To prevent the spread of infectious diseases and parasite, hospitalized and boarded animals must be current on all vaccinations and current on flea, tick and heartworm prevention to remain free of internal and external parasites.

Scheduling an appointment guarantees the Doctor will see your Pet. We welcome walk-ins however will only be seen if time permits.

We kindly request that if you are not able to make an appointment that you cancel 24 to 48 hours before scheduled time. All no shows will have a \$29.93 fee added to your account.

**Professional fees are due at time of service and boarding fees are to be pre-paid.** In the event an account is turned over for collection, the owner or person responsible for the account agrees to pay the attorney's fee, court costs and any other costs of collections.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

THIS AGREEMENT is entered into by and between NVA May Veterinary Northridge and [REDACTED] (“Owner”):

1. By enrolling this above named and described dog(s), I represent that I am the legal owner of the named dog(s) and I assume all risks, dangers, and responsibility for injuries to the named dog(s). Owner understands and agrees that Owner is solely responsible for any harm to Owner’s dog(s) while Owner’s dog(s) is/are boarding. [REDACTED] (initials)
2. The owner is responsible for providing all documentation for pet(s) vaccine records and current on flea, tick and heartworm preventions. If patient records are not submitted before the reservation date and records cannot be obtained before drop-off, your pet(s) will be denied from boarding. [REDACTED] (initials)
3. All boarding animals will receive a \$6.67 Capstar at drop-off. Capstar is a fast acting flea prevention that last 24 hours that ensures no external parasites infest the kennels or yards. Capstar does not interfere with your pets monthly preventions and is required for all animals boarding at May Veterinary Northridge. [REDACTED] (initials)
4. [REDACTED] There are risks when boarding puppies, seniors, chronically ill or otherwise debilitated pets that requires extra care, which our caring and trained staff are happy to provide. However, special-needs pets, puppies and senior pets naturally have a higher risk of injury, stress-related illness, or exacerbation of any preexisting condition. As such, by boarding your special-needs pet, puppy or senior pet with us you are waiving any claim for injury or illness experienced by your pet while in our care and that is not directly caused by negligence or lack of care on the part of our staff. [REDACTED] (initials)
5. Owner understands and agrees that during kennel yard-time, dog(s) are not directly monitored while in the yards for up-to 20 minutes. Owner understands and agrees that their dog(s) are capable of being left unattended in a fenced yard without digging, climbing, jumping or unlatching fences/gates. Owner understands and agrees to disclose any known behaviors to May Veterinary Northridge so appropriate accommodations can be made. Owner agrees to assume full liability if owner’s dog(s) escapes from fencing. [REDACTED] (initials)

6. Owner understands and agrees to disclose any aggressive behavior displayed by pet(s) for the safety of the staff and animals. Staff must be able to safely interact with all pet(s) to provide adequate care. Owner understands and agrees that if their pet(s) display aggressive behavior that puts staff safety at risk (i.e. biting a staff member, aggressive fence fighting, charging staff members), their pet(s) can be dismissed from boarding. \_\_\_\_\_ (initials)
7. Owner further understands and agrees that neither staff or volunteers, will be liable for any illness, injury, death and /or escape of Owner's(s) provided that reasonable care and precautions are followed, and Owner hereby releases all of staff and volunteers of any liability arising from or as a result of Owner's dog(s) boarding at May Veterinary Northridge. \_\_\_\_\_ (initials)
8. Owner further understands and agrees that any behavioral or physical health problems that develop with the Owner's dog(s) while at May Veterinary Northridge will be handled and treated as deemed best by the veterinarians and staff, in their sole discretion, and Owner expressly agrees to assume full financial responsibility for any and all expenses arising or relating there to. This includes aggressive or destructive behavior. We will always make several attempts to contact the owner, but animals will receive treatment if owner cannot be contacted. \_\_\_\_\_ (initials)
9. \_\_\_\_\_ **Owner further understands and agrees that Owner's animal(S) is healthy and will at all times, while attending Daycare/Boarding/Drop off have current vaccinations.** Owner must provide proof of vaccination at the time of appointment. Owner is not enrolling any animal in Daycare/Boarding/drop off that has any condition that could potentially jeopardize the health of other dogs or people and has not had any potentially communicable condition within 30 days prior to enrollment. Owners further understands that even if Owner's animal is vaccinated for Bordatella (Kennel Cough) there is a chance that Owner's animal can still contract Kennel Cough. I agree that I will NOT hold May Veterinary responsible if Owner's animal contracts Kennel Cough \_\_\_\_\_ (initials)
10. Owner further understands and agrees that Owner's pet(s) have the potential risk of injury and stress-related illness if pet(s) are not accustom to boarding in a kennel environment. Owners will be contacted if pet(s) display behavior that could lead to potential injury to provide accommodations. If pet(s) become distressed and health declines during the reservation, Owner agrees to assume full financial responsibility for medical care provided and waives any claim for injury, illness, escape, and/ or death experience by your pet(s) while in our care

that is not directly caused by negligence or lack of care on the part of May Veterinary Northridge. \_\_\_\_\_ (initials)

11. Owner further understands and agrees that if Owner's animal(s) is/are not picked up by end of the May Veterinary Northridge regular business day, **staff will NOT stay to accommodate a late pickup.** Owner hereby expressly authorizes staff to take whatever action is deemed necessary for the continuing care of the Owner's dog(s). Owner agrees to assume full financial responsibility for continuing such care. \_\_\_\_\_ (initials)
  
12. Owner understands when leaving any belonging with their pet(s) there is the potential of items being damaged, destroyed, or lost. May Veterinary Northridge is not responsible for any damaged or lost belongings. Any belongings left 1 month after the initial reservation date will be discarded. Avoid bringing glass or ceramic items. \_\_\_\_\_ (initials)
  
13. I grant May Veterinary Hospital and Camp May permission to take photographs of my pet and/or myself, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my pet's name and/or my name. \_\_\_\_\_ (Initials)
  
14. The staff of May Veterinary strive to accommodate every client and pet's needs. Clients understand and agree to treat every staff member with kindness. If behavior is rude, demanding or argumentative it may warrant termination of relationship with our practice. \_\_\_\_\_ (initials)
  
15. Owner further understands and expressly agrees that each and every one of the foregoing provisions containing in Paragraphs 1-14 above shall be in force and effect and shall apply to each and every occasion on which Owner boards or deposits Owner's dog(s) with May Veterinary Northridge or extended boarding as the case may be. This Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded by a writing signed by the parties \_\_\_\_\_ (initials)

**Owner hereby certifies that Owner has read and understands this Waiver and Release of Liability and the regulations set forth above. By signing this agreement, Owner agrees to be bound by its terms and conditions.**

**Pet Parent**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_