



2250 S. Escondido Blvd, Ste 105 Escondido, CA 92025
(P) 760-480-1934 (F) 760-480-0073
Email: escondido@mohnackyyvet.com
Web: www.mohnackyescondido.com
M-F 8am-6pm, Sat 8am-4pm

Boarding Agreement

Pets picked up prior to 12:00 pm will be charged a half-day rate. Full-day rates apply to pets picked up after 12:00 pm.

Owner's Information:

Owner's Name: Cell #: 2nd Phone #:
Emergency Contact (while you are away): Contact #:
Check-in Date: Time: Check-out Date: Time:

Pet's Information:

1. Pet's Name: Age: Sex: M F Dog: Cat: Other: Color:
Is your pet on medications? Yes No Have you supplied your pet's medication? Yes No
Name of medication and dosage: Last Dose given:
Any allergies: Yes No If yes, please state to what:
2. Pet's Name: Age: Sex: M F Dog: Cat: Other: Color:
Is your pet on medications? Yes No Have you supplied your pet's medication? Yes No
Name of medication and dosage: Last Dose given:
Any allergies: Yes No If yes, please state to what:

Administration of medication(s): \$3.50 per dose

Have you supplied your pet's food? Yes No What is the portion and feeding schedule?

Additional Services:

- Pictures via text: Free
Bath prior to check-out: \$36-\$70 (based on weight)
Nail Trim: \$14-\$28 (based on weight)
Playtime: \$14.97

Pets must have a current physical exam (within the past 12 months) with a MAH doctor, have written proof of current vaccines, and be free of fleas, ticks, and intestinal parasites.

- Medical Illness Policy: All pets that board at MAH are under the supervision of a licensed veterinarian during business hours.
Mohnacky Animal Hospital is not a 24-hour facility.
If any pet is not picked up within 14 calendar days after the day the pet is scheduled for pick up, that pet shall be deemed abandoned.

Opt Out: Check this box if you do NOT want your pet's picture or names displayed on our website, Facebook, Twitter, or any promotional materials.

I have read and understand the above Boarding Policies:

Signature: Date:



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Pet Belongings:

Exam due? Y N

Exam Type: Annual Pre-Boarding PCRC holder?

Date of last flea treatment: _____

Owner preference for flea treatment (if not current): _____

Are there any planned medical procedures while boarding? Y N

Special Requests:

Owner Signature: _____

Date: _____

Staff Signature: _____

Date: _____