

Boarding Agreement & Kennel Policy

Account #: _____ Owner's/Agent's Name: _____ Pet's Name: _____
Emergency Contact #: _____ Arrival Date: _____ Departure Date: _____

Vaccinations:

In order to board your pet, his/her vaccines must be up to date. If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection and the protection of others. Vaccines administered at this facility will be added to your bill.

Date of Last Vaccines and/or test & results:

Rabies: _____ DA2PP: _____ FVRCP: _____

DOGS ONLY: Bordetella: _____ Fecal: _____ Influenza (Recommended): _____

Diet: Dry food only Canned Food only Both Dry and Canned Food

Feeding Frequency: Once Daily Twice Daily Dry Left Out all the time

We will be pleased to feed a prescription diet or another commercial diet of your choice if you bring it with you. Please outline feeding instructions including amounts fed: _____

Medications:

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. There is an additional per day charge for medication administration. Please bring appropriate medications and provide instructions: _____

Additional Services:

Playtime-\$4.00 per 15 minutes X _____ Deluxe Cat Condo Garden/Seascape Room
 Grooming - BB FFT FSG Personal Items Left Approximate Pick Up Time: _____

Sedation:

Some pets become very anxious and stressed when separated from their owners. In this agitated state, they may actually cause harm to themselves by biting or digging at the cage, not eating or drinking, or self mutilation. If my pet requires sedation, I assume all risks and hold Lake Area Animal Hospital harmless. Does a veterinarian have permission to sedate your pet while he/she is boarding?

Yes, please sedate my pet if necessary.

No, do not sedate my pet. Call first for authorization.

1. Boarding is charged on a per night basis, similar to a human hotel. The check out time is before 12pm, if checking out after 12pm additional charges will apply.
2. Personal items may be left at your own risk. We are not responsible for loss or damage.
3. We do not board aggressive pets. If your pet shows aggression while boarding, we will not allow continued boarding after the original visit.
4. Lake Area Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. If my pet requires sedation, I assume all risks and hold Lake Area Animal Hospital harmless.
5. Pets must be parasite free. If any external parasites, including fleas and ticks, or internal parasites, including tapeworms, are observed on a pet while boarding, the pet will receive a flea/tick treatment and/or deworming at the owner's expense.
6. Should the pet identified on this record become ill, I request that the veterinarian on duty provide all medical/surgical treatment he/she deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I agree to make complete payment to Lake Area Animal Hospital at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the address listed on the pet admission agreement, my pet will be considered abandoned and will be handled in accordance with Florida state law, and that doing so does not relieve me of my financial obligations.

Signature of Owner or Agent

Date