

Client: \_\_\_\_\_ Patient: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Client ID \_\_\_\_\_ DOB: \_\_\_\_\_ Species: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Weight: \_\_\_\_\_

**Lake Area Animal Hospital Boarding Agreement**

Vaccine Description	Date Due
_____	_____
_____	_____
_____	_____
_____	_____

**Care Instructions**

**Feeding Instructions:**

We feed Hill's Science Diet Adult dry food to all boarding guests. If your pet requires an alternative diet you must provide food.

My pet will eat LAAH food  I will provide my pet's food  Type: \_\_\_\_\_

**Feeding Frequency:**

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

**Medications:**

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring medications in the original packaging. There is an additional per day charge for medication administration.

\_\_\_\_\_

**Additional Services:**

Playtime -\$4.00 per 15 minutes x \_\_\_\_

Deluxe Cat Condo/Deluxe Dog Room

Grooming -  BB  FFT  FSG  Nail Trim

Annual/Vaccines  Basic  Standard  Deluxe

Exam by doctor (\$47.25)

Reason: \_\_\_\_

(you will be contacted with treatment plans before they are performed)

Please Read and Sign that you have read and understand the boarding policies.

1. Boarding is charged on a per night basis. The check out time is before 12pm, if checking out after 12pm additional charges will apply. Drop of and pick up is only available during regular business hours.
2. **Personal items may be left at your own risk.** Label all items permanently. We are not responsible for loss or damage.
3. 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. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, upper respiratory infections, diarrhea, and fleas. If my pet requires sedation, I assume all risks and hold Lake Area Animal Hospital harmless.
5. All animals must be free of internal and external parasites (ex. ticks, fleas, worms.), or they will be treated at owner's expense.
6. **Should the pet identified on this record become ill,** the staff at LAAH will contact you at the numbers listed. 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 stabilization treatment until I (or the pet's agent) can be reached not to exceed \$50. 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.
7. In order to board your pet, his/her vaccines must be up to date (Cats: fvrccp, rv, fecal) (Dogs: DHPP, RV, Bord, Fecal) You must show documentation that verifies current vaccinations at the time of drop off. If any vaccinations are past due, your pet must be vaccinated before boarding. Vaccines administered at this facility will be added to your bill.

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.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_