



Client Name:
Client Address:

Patient Name:
Patient Age:
Canine or Feline

Client Phone Number:

Check in Date: _____

Check out Date: _____

7am-10am 10am-2pm 2pm-6pm (Open until 8pm MON + FRI)

Resort Boarding Basic Boarding Hotel 4 Pets Feline Boarding

Please initial and sign the following stating that you have read, understood, and agree to the terms of this agreement.

_____ For your pet's protection, all vaccines must be current. We require written proof of vaccinations, including Rabies, DA2P, and Bordetella for dogs. Resort boarders require annual Canine Influenza, Bordetella every 6 months and a negative intestinal parasite exam every 6 months. Cats will need Rabies and FVRCP. If you are unable to provide proof of these vaccinations, we will provide a comprehensive physical exam and administer appropriate vaccines, which are your financial obligation (**\$54 for exam and \$20-35 per vaccination**).

_____ Your pet must be free of internal and external parasites, including fleas and ticks. **If not, we will treat your pet at your expense.**

_____ Please be aware that we cannot guarantee the return of any **personal items** such as blankets or toys left with us and thus discourage leaving them with us. These items are furnished free of charge by us to all boarders during their stay.

_____ In the event of a **medical emergency**, treatment will be given and a reasonable effort will be made to contact you at the emergency number you have provided. If you would not be easily available during your pet's stay with us please provide an emergency contact to inform of changes to your pet's health.

Emergency Contact:

_____ A mandatory bath will be given to dog(s) staying more than two nights. This will be an **additional \$22 fee**.

_____ Our hours are Monday-Friday- 7am-6pm , Saturday 7am-2pm, Sunday- Closed (No pickups or drop offs)

Please leave detailed instructions on feeding instructions and any medications for your pet's stay with us:

How often is your pet fed? AM only PM only Both

How would you like us to feed? Cups/Cans Kennel Food Own Food

_____ If your pet will be on any medications during their stay with us please leave us in detailed instructions on how to be administered. There will be an additional \$6.00 per day charge for medications administered.

_____ **Neighborhood Veterinary Center** will exercise responsible care for the safety of your pet, and to keep the boarding premises safe and properly enclosed. The **Neighborhood Veterinary Center** cannot guarantee against accidents, and we cannot be liable for loss or damage caused by or to our pet guests at this facility. Owner agrees to be solely responsible for any and all attacks or damage caused by owners' pet while it is at this Facility.

_____ Payment of all services rendered will be expected to be paid, in full, at the time of checkout. If dog/cat is not picked up within ten (10) days of checkout date, we will follow in accordance with the Laws of the State of Florida (**Florida Statute 474.46, pertaining to the abandonment of animals by owner**). Neighborhood Veterinary Center will then be obligated to surrender your dog/cat to the local animal shelter. The surrender of this animal does not relieve you of your legal responsibility for the payment of your outstanding balance.

Client Signature:

Date: