

Quality Care Animal Hospital's Boarding Agreement for the Year _____

Owner's First & Last Name: _____ Emergency Contact Info: _____

Vaccines:

In order to board your pet, his/her rabies vaccine must have been given within the last twelve months, Bordetella vaccine and a fecal with negative results must have been done within the last six months. All other vaccines must have been administered within the last twelve months, unless you can show that your veterinarian follows an alternative immunization protocol. 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. Vaccines administered at this facility will be added to your bill.

Pet's Name: _____
First Pet's Name Second Pet's Name Third Pet's Name

Date of last rabies vaccination: _____, _____, _____

Date of last Bordetella vaccination: _____, _____, _____

Diet:

We have a variety of foods available to feed your pet(s). For each pet, please indicate the food to be fed and then specify whether your pet(s) eats dry food only, canned food only, or both.

Dry food only: _____, _____, _____

Canned food only: _____, _____, _____

Both dry & canned: _____, _____, _____

If for any reason, your animal is having gastrointestinal issues while boarding in our facility, we will prescribe a gastrointestinal diet the remainder of his/her stay.

Medication:

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 appropriate medications and provide instructions: **Initial** () _____

Statement of Kennel Policy:

1. Discharges after hours are not allowed.
 2. Personal items may be left at your own risk. We are not responsible for loss or damage.
 3. QUALITY CARE 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/ticks.
 4. 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 fees with the attending veterinarian.
- Please initial that you have read & understand the statement of kennel policy & our staff has answered all concerns that you have had about your animal staying in our facility. ()**

I agree to make complete payment to QUALITY CARE 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 above address, my pet will be considered to be abandoned and will be handled in accordance with FL state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement

Signature of Owner or Agent

Date