

South Beach Animal Hospital

1874 West Avenue
Miami Beach, FL 33139
305.534.8404

www.southbeachanimal.com

Please bring this form with you to your appointment. Faxes or emails will not be accepted. Thank you.

OWNER'S INFORMATION

LAST NAME _____ FIRST NAME _____

ADDITIONAL OWNER (SPOUSE) _____

STREET _____

HOME PHONE _____ BUSINESS PHONE _____ CELL _____

E-MAIL ADDRESS _____

WHY DID YOU CHOOSE THIS HOSPITAL?

BY SIGHT _____

ADVERTISING _____

REFERRAL _____

PLEASE SPECIFY _____

NAME: _____ RELATION _____

(SO THAT WE MAY GIVE A \$5.00 SERVICE CREDIT, AS WE DO FOR ALL OUR CLIENTS THAT MAKE A REFERRAL)

PAYMENT INFORMATION

1. WE ACCEPT AMEX, VISA, MASTERCARD AND DEBIT CARDS.
2. CREDIT CARDS MUST BE ACCOMPANIED BY MATCHING PICTURE I.D.
3. CHECKS ARE ACCEPTED WITH CURRENT U.S. DRIVERS LICENSE. NAME ON CHECK MUST MATCH NAME ON D.L.
4. ALL RETURNED CHECKS WILL BE SUBMITTED TO EQUIFAX FOR COLLECTIONS.
5. THERE WILL BE A \$25.00 SERVICE FEE FOR RETURNED CHECKS.

DRIVERS LICENSE# _____ DATE OF BIRTH _____
STATE ISSUED _____ SS# _____

PET INFORMATION

NAME _____ DOG _____ CAT _____ BIRD _____ OTHER _____
BREED _____ MALE _____ FEMALE _____ NEUTERED? YES OR NO
AGE _____ BIRTHDATE _____ COLOR _____

PET HEALTH INFORMATION

PLEASE SUPPLY RECORDS FOR MOST RECENT VACCINATIONS AND ALL TEST RESULTS

1. DO YOU HAVE PET INSURANCE? _____
2. DOES YOUR PET HAVE A MICROCHIP? _____ MICROCHIP# _____
3. IS YOUR PET ON HEARTWORM PREVENTION? _____ WHAT BRAND? _____
4. HAS YOUR CAT BEEN TESTED FOR FELINE LEUKEMIA/FELINE AIDS? _____
5. IS YOUR PET ON FLEA CONTROL? _____ BRAND _____
LAST APPLIED _____

ALL PROCEDURES AND BOARDING ARE PRE-PAID. PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. INTEREST WILL BE CHARGED AT 1.5% PER MONTH, PAYABLE ON OVERDUE ACCOUNTS. IN THE EVENT IT BECOMES NECESSARY FOR PROVIDER TO RETAIN AN ATTORNEY TO COLLECT THE MONEY DUE BUYER AGREES TO PAY ALL COSTS OF COLLECTION WHETHER OR NOT IT IS NECESSARY TO COMMENCE LITIGATION, INCLUDING ATTORNEY FEES, APPEALS AND COURT COSTS.

Name (Print) _____ Signature _____ Date _____

BOARDING AGREEMENT

South Beach Animal Hospital
1874 West Avenue Miami Beach, FL 33139
305. 534.8404
www.southbeachanimal.com

Please bring this form with you to your boarding appointment. Faxes or emails will not be accepted.
Boarding reservations are recommended especially on holiday weekends. Your deposit for holiday weekends will be refunded if your reservation is cancelled 5 days prior to the boarding date.

(Please print)

Date _____
Owner's Name : First: _____ Last _____
Street: _____
City: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Case No: _____ Pet's Name: _____
Sex: Male _____ Female _____ Breed: _____
Neutered / Spay (circle if applicable)
Age: _____ Color: _____

- 1) My pet (see above) will stay at South Beach Animal Hospital from _____ and will be picked up on _____.
If you are leaving your pet for a holiday weekend, holiday fees apply to all days of that weekend.
- 2) My emergency contact numbers are _____.
- 3) Please indicate which flea control your pet is using _____.
- 4) When was the last application? _____.
If your pet is not using a veterinary flea control, for an additional fee, we will apply one application to ensure flea control for 30 days.
- 5) Your pet will get bathed at the end of the stay. To waive this \$20.00 service, initial the box below. Waiving a bath is not optional for pets staying 7 days or more.
- 6) I would like my pet to stay in (circle one) Suite Playpen (dogs only) Cage
WE DO NOT ALLOW DOGS OVER 50LBS TO STAY IN A CAGE.
- 7) Please check box if you would like your pet to have our TLC package, (includes an extra 30 minutes of daily playtime/walks) for an additional \$11.00 per day.
- 8) Please initial if you would like homecare (an employee will take your pet home at night). \$30 per night _____
Please make specific arrangements with the receptionist for homecare.
- 9) Please specify if you want South Beach Animal Hospital to supply toys/bed for your pet.. Yes No (circle one).
If you choose yes or do not circle an option, you will be financially responsible for any damage to the toys provided. South Beach Animal Hospital will not be responsible for any damage or loss of toys dropped of with your pet.
- 10) Please specify any medications (directions + dose) and/or medical condition: _____

Did your pet receive meds today? _____

I, the undersigned, do hereby certify that I am over 18 years of age, that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give South Beach Animal Hospital, its' agents, servants, and/or representatives full and complete authority to provide the necessary care that will ensure the safety and health of <animal> during his/her stay at South Beach Animal Hospital. (This may include additional bathing to maintain sanitary conditions.) I do hereby forever release the said South Beach Animal Hospital, it's agents and servants, and/or representatives from any and all liabilities arising from the said boarding. I certify that the risks of boarding have been explained to me and I agree to pay for all services at the time they are rendered. I acknowledge that my pet can be held for receipt of payment.

Due to increasing number of abandoned animals, payment for boarding is required in advance for the dates indicated above. If you fail to pick up your pet on the date stated above and the accruing balance is not paid within 3 days of the stated pick up date, we will consider your pet abandoned and assume custody. We reserve the right to transfer him/her to Dade County Animal Control.

Please note that in an event of a hurricane all dogs must be picked up from the premises and all balances must be paid. South Beach Animal Hospital is in an evacuation zone. If your pet is not picked up before evacuation, we will do our best to assure your pet's safety, but would like you to be aware that employees will evacuate if necessary.

I have read all of the above and agree to the terms of this agreement.

I understand that my pet can be held for receipt of payment.

Signed: First Name _____ Last _____ Date: _____