

BOARDING AGREEMENT

South Beach Animal Hospital* 1874 West Avenue*Miami Beach, FL 33139*(305) 534-8404

Date: ____/____/____ Case No: _____
Owner's Name: _____ Pet's Name: _____
Street: _____ Breed: _____
City: _____ Sex: _____
Phone: _____ Age: _____
Color: _____

I, the undersigned, do hereby certify 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. Although South Beach Animal Hospital takes every precaution possible to ensure the safety of our boarding and hospitalized pets, I understand that boarding my pet involves certain risks such as contagious diseases/illnesses, stress related diseases/illnesses and accidental injuries, I release South Beach Animal Hospital of any financial and/or professional liability. I agree to pay for any medical care deemed necessary for my pet as a result of his/her stay at South Beach Animal Hospital. I agree to pay all services at the time they are rendered. I acknowledge that my pet can be held for receipt of payment.

1) My pet 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 you 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) Would you like your pet to be bathed at the end of the stay? YES NO
Waiving bath is not optional for pets staying 7 days or more.

6) I would like your pet to stay in (circle one at right) SUITE PLAYPEN CAGE

WE DO NOT ALLOW DOGS OVER 25LBS TO STAY IN A CAGE.

7) Please initial box if you would like your pet to have our TLC package, (includes an extra 30 minutes of daily playtime/walks) for an additional \$21.33/per day

8) Please initial box if you would like homecare (an employee will take your pet home at night). \$54.27/night
Please make specific arrangements with the receptionist for homecare.

Yes Please specify if you want South Beach Animal Hospital to supply toys/bed for your pet. (circle Y/N at left)
Toys apply to Suites only.

If you choose yes or do not circle an option, you will be financially responsible for any damage to the toys provided.

No South Beach Animal Hospital will NOT be responsible for any damage or loss of toys/blankets and other items dropped off with your pet. Please list items you are dropping off with your pet.

9) Please specify any medications (directions+dose) and/or medical condition: _____

***Please list any medications your pet received today? _____

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 you 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 Miami-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 _____ / / _____
Date