



**Owners**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Check in Date: \_\_\_\_\_  
 Check Out Time: \_\_\_ 7am-10am \_\_\_ 10am-2pm \_\_\_ 2pm-6pm

**Patient**

Name: \_\_\_\_\_  
 Species: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Check Out Date: \_\_\_\_\_

**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 from previous veterinarian of vaccinations, including Rabies, DA2P, and Bordetella, for any dog, or FVRCP and Rabies for cats that stays with us. 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, **\$20 per vaccinations.**

\_\_\_ Your dog must be free of internal and external parasites, including fleas and ticks. **If not, we will treat your dog 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.

**EmergencyContact:**

\_\_\_\_\_

\_\_\_ A mandatory bath will be given to dog(s) staying more than two night. This will be an **additional \$20 fee.**

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

How often is you 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 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.

Signature  
Date: