

# BOARDING AGREEMENT

## MIAMI SPRINGS ANIMAL HOSPITAL

9 WESTWARD DRIVE  
MIAMI SPRINGS, FL 33166  
Ph (305) 885-2000



Today's Date \_\_\_\_\_ Pick-up Date Time \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

In EMERGENCY contact \_\_\_\_\_ Phone \_\_\_\_\_

Pet's NAME \_\_\_\_\_ Medication  
No \_\_\_ Yes \_\_\_  
Sex \_\_\_\_\_ Color \_\_\_\_\_

Pet's NAME \_\_\_\_\_ No \_\_\_ Yes \_\_\_  
Sex \_\_\_\_\_ Color \_\_\_\_\_

Pet's Belonging (Carrier, Toys, Etc) \_\_\_\_\_  
Special Instructions Include Medication, Directions, Feeding Direction, and Anything you wish the Doctor to check for: \_\_\_\_\_

### FOR YOUR PET'S HEALTH

#### VACCINATION POLICY

To insure the protection of all pets under care, the following **MUST** be up-date:

DOGS: \_\_\_ Rabies \_\_\_ DHPPV \_\_\_ Bordetella \_\_\_ Fecal Exam (Stool Exam within Last 6 Months)

CATS: \_\_\_ Rabies \_\_\_ FVRCP \_\_\_ FELV \_\_\_ Fecal Exam (Stool Exam within Last 6 Months)

If NOT up-to-date, or unable to provide proof of vaccination, I give my permission to update my Pet (s) vaccinations in accordance with the above policy. Your pet will receive fleas/ticks Bath/Dip, as part of our policy at the moment of boarding and at the pick up time scheduled.

#### MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at the veterinary clinic or hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should pet(s) require any treatment to relieve immediate discomfort or to resolve an important medical condition.

\_\_\_\_ Please perform whatever services the doctor deems necessary for the best of my pet until someone can be reached. This includes only non-elective treatment and necessary diagnosis.

\_\_\_\_ DO NOT administer any medical treatment until specific authorization is given.

Reasonable precautions will be used against injury, escape, death of your pet(s). The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that should there be a problem development after pickup I am responsible to notify The Clinic before 24 hours of the same. I also understand that there is no medical staff overnights; only during office hours.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date, If circumstances change, I will notify the veterinarian of a new pick up date.

Date \_\_\_\_\_ Owner/Agent \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ (please print name of person receiving pet verified for all requirements.)