

Veterinary Medical Center of St. Lucie County
Boarding Admission

Owner's Name _____

Pet's Name _____

Boarding Dates: From: _____ To: _____

Services Needed:

Owner's Release:

**I understand that I must prepay for my boarding at the time of Drop-off.

Initial _____

** I understand that I will be charged for the admission of any medications that my pet is on while boarding.

Initial _____

** All animals entering the hospital must be up to date (within 1 year to 3 years for appropriate services) on vaccinations/services (Rabies, Distemper, Parvo, Bordetella, Fecal) and free from external parasites (fleas and ticks) or they will be treated on admission at owner's expense.

Initial _____

** Yes () No () On Flea Medication? If yes, what kind of medication? _____

** Yes () No () Is it okay for my pet(s) to interact with other pets during potty breaks?

** I understand that if there are any injury, infection, or disease acquired during my absence, I discharge *Veterinary Medical Center* of all liability and understand that *Veterinary Medical Center* will contact me prior to treatment. If I am unable to be reached by phone I authorize the clinic to treat as deemed best by the Doctors at *Veterinary Medical Center*. I also agree to pay for the treatment expenses involved. Furthermore, should my pet(s) pass away during my absence, I ask that my pet(s) remains are kept safe until my arrival.

Initial _____

** I understand that any pet left for longer than 5 days beyond the scheduled pick-up date will be assumed abandoned if no contact has been made with the owner.

Initial _____

** I understand that *Veterinary Medical Center of St. Lucie County* is not responsible for any personal belongings I may leave for my pet. Nor are they responsible for any injury that may occur to my pet as a result of the items I have brought for him or her. They also hold no responsibility for the loss or destruction of any of the belongings for my pet.

Initial _____

** Pets are released during regular office hours, Monday through Friday 7:30am-5:30 pm, Saturday 7:30am- 3:30 pm and during ER hours, Sundays from 9-11am and 5-7 pm. It is my responsibility to inform the hospital if I will be delayed picking up my pet(s). I will assume all costs associated with an extended stay.

Initial _____

X

Owner/Agent Signature

Date

Emergency Contacts:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

People authorized to pick up my pets (other than owner)

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____