

MARTIN DOWNS ANIMAL HOSPITAL

BOARDING AGREEMENT

(772) 288-3456 boarding@vet4yourpet.net

Date: _____

Owner's Name(s) _____

Pet(s) Name (s) _____

Emergency Contact Person/Phone(s) _____

Admission Date: _____ Discharge Date: _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON VACCINATIONS AND FREE FROM INTERNAL AND EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE. THE CLINIC IS NOT RESPONSIBLE FOR ANY PERSONAL BELONGINGS LEFT WITH YOUR PET.

ACCOMMODATIONS:

DOGS:

Single Suite \$22.00
DW Suite 25.00
Small Suite 28.00
Large Suite 32.00
Luxury Suite 35.00

MEDICAL:

Single Suite \$26.00
DW Suite 30.00
Large Suite 35.00

CATS:

Condo Regular 22.00
Condo Corner 25.00

BIRD/SMALL CAGED ANIMALS:

Own Food/Cage 14.00

EARLY IN/EARLY OUT FEE: Additional charge for dropping off or picking up pet while hospital is closed. Must be arranged beforehand and prepaid. DROP-OFF & PICK-UP TIMES: AT 8:00AM OR 5:00PM ONLY. (Circle the appropriate time for after hours pickup) NO HOLIDAY PICKUP.

Additional Services: Special services will be provided for your pet while in our care for an additional fee.

Medication Level 1-Additional \$5 per day (Once daily administration-Up to 3 medications)

Medication Level 2-Additional \$10 per day (Twice daily administration-Up to 3 medications)

Medication Level 3-Additional \$15 per day (Administration more than twice daily and/or more than 3 different medications)

Special Accommodations: The Star-\$7 extra The Boss-\$10 extra The Extra Special Guest-\$10 Extra

(CIRCLE THE SPECIAL ACCOMMODATIONS REQUIRED FOR YOUR PET WHILE BOARDING-SEE BROCHURE FOR ADDITIONAL INFORMATION)

Medical Treatment(s) while boarding: _____

Groom: _____ Bath: _____ Nail Trim: _____ Anal Glands: _____ Topical Application: _____

I fully intend to pick up my pet on or around the above date specified. If circumstances arise which require a change in dates, I will notify the veterinary hospital of a new pick up date. Drop-off times are 12-5 pm. Pick up times are 7-11 am. Special arrangements must be made if these times do not coincide with your schedule.

Reasonable precautions will be used against injury or death of your pet while boarding. Martin Downs Animal Hospital and staff will not be held liable for problems that may develop during your pet's stay provided reasonable care and precautions are followed. I understand that any problems that may develop with my pet while boarding will be treated as deemed best by the staff and veterinarians. I assume full responsibility for all expenses incurred. All costs shall be paid on release of the pet for boarding and all other treatment necessary.

Signature of Owner/Agent _____ Date _____

IN CASE OF A HURRICANE I WILL BE PICKING UP MY PET FROM MDAH _____

IN CASE OF A HURRICANE I WILL BE LEAVING MY PET WITH MDAH _____