

BOARDING AGREEMENT

Navy Boulevard Animal Hospital
3835 W. Navy Boulevard
Pensacola, Fl 32507
(850)455-1349

Drop off Date _____ Pickup Date _____ Go home Bath/Nail Trim? ____ YES ____ NO

Dogs will get a complimentary bath/nail trim after 5 nights of boarding.

In case of emergency, I can be reached at the following #: _____

Additional emergency contact: _____ #: _____

All pets must be current on all vaccinations and free of parasites, mites, fleas, and ticks. If such are detected upon arrival, the hospital will administer treatment at owner's expense.

Cats: rabies, fvrpc vaccines and fecal exam within the last 6 months

Dogs: rabies, DA2PP, bordetella, canine influenza and fecal exam within the past 6 months

Does your dog jump fences? _____ Do you approve of your dog running off leash in our fenced in backyard with supervision? _____ Do you want your dog to play with other dogs? _____ Is your dog a blanket or bed chewer? _____ If so, do you want your dog to have a blanket or bed? _____

Hurricane/Disaster Policy: We require that you leave a phone number for a local emergency contact in the event of a hurricane or natural disaster so your pet can be picked up immediately. The hospital is not properly equipped to safely care for your pet during and after a hurricane or natural disaster. We cannot guarantee that there will be a staff member available to care for your pet during and after the hurricane or natural disaster.

Treatment Release: Reasonable precautions will be used against injury, escape, or death to the pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops during my pets stay will be treated as deemed appropriate by the staff and or veterinarian. I assume full financial responsibility for any treatment expense involved. *Fees are to be paid in full at time of discharge.* This contract will be valid for one year from the signing date.

Please have your previous veterinarian hospital fax us your pet's vaccine history to (850) 453-3234, if we are not your regular veterinarian hospital.

I, _____, authorize my pet to board and to be under the supervision and care of the doctors and staff of Navy Blvd. Animal Hospital. I also fully understand that the hospital is not liable for any accidents that may occur during my pet's stay and fully understand that I am responsible for all charges for services accrued during the admittance period.

Accept/Decline

Owner/ Responsible Party

Date