

# Seminole Blvd Animal Hospital

## Boarding Information Sheet

Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Lot/Apt # \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_, Cell Phone: (\_\_\_\_) \_\_\_\_\_, Work Phone(\_\_\_\_) \_\_\_\_\_

Boarding dates: \_\_\_\_\_ to \_\_\_\_\_

While boarding your pet at Seminole Blvd Animal Hospital your pet will be provided with a clean, safe, and fun environment.

Upon your pets arrival you must provide current vaccination records or have vaccinations administered for each pet at our hospital. Our required vaccines for boarding canines are DA2PP, Leptospirosis, Bordetella, Rabies, and Canine Influenza. For boarding felines the required vaccinations are FVRCP and Rabies. Your pet will be examined for the presence of external parasites and treated if needed. All expenses related to these treatments will be at owner expense.

If your pets are on any medications please bring them with your pet, make sure they are all labeled clearly with pet's name and instructions. There is a daily medication fee of \$5.00 per pet. We feed boarding pets Science Diet Sensitive Stomach, if your pet is on a different diet we encourage you to bring their own food to reduce the chance of stomach upset.

While your pet is boarding with us we will monitor them for any abnormalities or illnesses, should such an issue arise a staff member will try to contact you to discuss the problem. Should we be unable to contact you we will provide the medical treatments necessary for the health and comfort of your pet. All expenses related to these treatments will be at owner expense.

Should unexpected life saving emergency care be required, do you wish for us to provide medical treatment and agree to pay for such services.

YES, you have my permission to treat \_\_\_\_\_/ NO, you do not have my permission to treat \_\_\_\_\_

I have read and fully understand the terms of the boarding policy and agree that all fees must be paid at the time of discharge.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

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In the space below please provide emergency phone numbers where you can be reached or an alternate person that can be contacted. Also provide any special instruction we need to know about your pet.