

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 () It is 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 St. Lucie County (VMCSLC) of all liability and understand that VMCSLC 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 VMCSLC. 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 and abandonment procedures will be initiated. Initial _____

** I understand that VMCSLC 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 _____

** **Pick up times for boarding are 7:30 am -12 pm, otherwise there will be a half day charge of \$16. I understand that I will be charged for an additional night's stay if I pick up after 5 pm. I will assume all costs associated with an extended stay.** Initial _____

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: _____