



**Zephyrhills
Veterinary
Clinic**
(813)782-3830

www.zephyrhillsveterinaryclinic.com

Client Information

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Occupation _____ Employer _____

Emergency Contact's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Others I Authorize To Pick Up My Pet _____

Veterinary Information

Primary Clinic _____

Dr Name: _____ Phone _____

Address _____

Pet Information

1. Pet's Name _____ Breed _____ Sex _____

Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____

Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

2. Pet's Name _____ Breed _____ Sex _____

Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____

Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

3. Pet's Name _____ Breed _____ Sex _____

Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____

Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

(813) 782-3830

5655 Gall Blvd.
Zephyrhills, FL 33542

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My Pet Needs Medications: Yes No

Type _____

Reason _____

Frequency _____

Amount _____

My Pet Is House Broken: Yes No (*circle one*)

The last accident they had was _____ Where _____ Why _____

My Pet Plays Best With: BIG DOGS LITTLE DOGS OLDER DOGS YOUNG DOGS PUPPIES

My Pet Is: SHY MELLOW AGGRESSIVE EXCITABLE ACTIVE

COUCH POTATO CONTENT TO BE AROUND OTHERS

My Pet's Favorite Toy(s) _____

My Pets Favorite Activity _____

My Pet Is Trying To Learn the Following
Commands _____

My Pet Is Easily Scared By _____

My Pet Has: BITTEN GROWLED SNARLED BARED TEETH

SHOWN THREATENING BEHAVIOR

Explain situation of any/all circled above _____

Reason for Using Boarding Service _____

Additional Information I Would Like You To Know About My Pet: _____



As a condition of using our services for your pets, the following Waiver & Assumption to Hold Harmless must be signed:

By choosing to utilize these services, my pet(s) at Zephyrhills Vet Clinic, I agree to the following:

- I agree to pay the rates that are in effect at the time my pet is at Zephyrhills Vet Clinic. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples include, but are not limited to: Boarding and bathing.
- If my pet appears to be ill, I authorize Zephyrhills Vet Clinic to engage the services of a veterinarian at my expense, to give other requisite attention, and to make whatever decisions are required for my pet's veterinary treatment. I agree to pay all veterinary charges incurred by my pet while in the care of Zephyrhills Vet Clinic. I will not hold Zephyrhills Vet Clinic liable for failure to seek veterinary attention or for decisions made under this contract.
- I understand that Zephyrhills Vet Clinic will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release Zephyrhills Vet Clinic, its employees, owners and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any pet including my own, and I expressly assume the risk of such damage or injury while my pet participates in or attends any function of Zephyrhills Vet Clinic, while on the grounds or the surrounding area thereto.
- I understand that I am required to provide Zephyrhills Vet Clinic documented vaccination records and to keep the vaccination up-to-date for the duration of my pet participation at Zephyrhills Vet Clinic.

Rules and Requirements

To ensure the health and safety of your pet and of our other guests, we require that all of our clients comply with the following rules and regulations.

1 A. All dogs must have up-to-date vaccinations. Owners must submit written proof that their dogs have current: DA2PP

- * DA2PP
- * Rabies
- * Canine Influenza
- * Bordetella
- * Fecal Test
- * Flea/ Tick Prevention
- * Heartworm Prevention

1 B. All cats must have up-to-date vaccinations. Owners must submit written proof that their cats have current:

- * Rabies
- * RCCP
- * Leukemia
- * Flea/ Tick Prevention
- * Fecal Test

2. All pets must be in good health. Owners will certify that their pet(s) are in good health and have not been ill with a communicable condition in the last 30 days. Upon admission, all pets must be free of any condition that could potentially jeopardize other guests, including fleas or ticks. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or re-admitted.
3. Owners will need to certify that their pet(s) have not harmed or shown aggression or threatening behavior towards any person or other pet(s).
4. If a pet that is presented for boarding is found to have fleas and/or ticks, will be bathed and treated at the owner's expense. _____ (Initial)
5. Owners must bring any pet's food that is to be given to their pet(s).

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Signed: _____ Date: _____

Printed Name: _____



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My Pets Boarding Instructions

Pets Name _____

Owners Name _____

Arrive Date _____ Time _____

Depart Date _____ Time _____

Please fill out for each pet, each time they board with us!

Personal Possessions: (Label with pet's name, where possible) *Please Note* We take all reasonable care of personal items you leave with your pet; however we cannot be held responsible for loss or damage.

Collar/Leash Gentle Leader Harness Crate/Carrier Food* Medication

Other _____ Bedding, describe: _____

Toys, list and describe: _____

***Feeding/Diet:** Kennel Diet Own Food Brand Provided: _____

Daily Feedings: 1/day 2/day 3/day Amount at each feeding: _____

Treats/enticements Some pets are reluctant to eat in new environments. If your pet is a reluctant eater, what foods does he/she enjoy that we can use as enticements? _____

Is there anything your pet **should not** be fed? _____

Is your pet allowed to have treats at treat time? No Yes Yes, but with restrictions. Please explain _____

Allergies: Yes No Describe _____

Special Instructions: _____

Please tell us anything else that will help us make your pet's stay with us PAWRIFFIC! _____

Emergency Contact Update: Please update your emergency contact information. If possible, provide us with a contact other than you:

Name: _____ Phone: _____

Name: _____ Phone: _____

If possible, provide a number to reach you: _____

Can you receive email? If so, print the address: _____

Anyone else with permission to pick up? No Yes Who? _____