

**Northeast Animal Hospital
1407 Timberlane Road
Tallahassee, Florida 32312
www.northeastanimal.com**

BOARDING CONSENT

Animals Name: _____

Breed: _____ Sex: _____ Color: _____

Pet Emergency Contact: _____

ALWAYS CHECK IN WITH FRONT DESK STAFF WHEN LEAVING YOUR PET.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THE FOLLOWING VACCINATIONS:

Dogs: Distemper, Parvo, Rabies, Bordetella (Kennel Cough)

Cats: FVRCP, Rabies

ALL PETS BOARDING MUST ALSO BE FREE OF EXTERNAL PARASITES. ANY PET WITH A NOTICEABLE FLEA PROBLEM WILL BE GIVEN A FAST ACTING ADULTCIDE (CAPSTAR) FOR A NOMINAL CHARGE. WE ARE NOT RESPONSIBLE FOR THE LOSS OF ITEMS LEFT AT THE CLINIC SUCH AS LEASHES, TOYS, BEDDING, ETC. _____

We have an obligation to treat our boarders for any illness or emergency that may arise during their stay. We will try to contact you or any emergency contact that you specify. However, if we are unable to reach you, the health and well-being of your pet must be our first priority and treatment will be instituted at the doctor's discretion. _____

NO ANIMAL WILL BE DISCHARGED WITHOUT FULL PAYMENT. If you are unable to pick up your pet on the scheduled day, please notify us. If you are having someone else pick up your pet, make arrangements for pick up and payment in advance with the front desk staff.

If your animal is picked up on Sunday evening you will be charged boarding for that night.

These policies remain in effect each and every time your pet(s) board with us.

I have read the foregoing and agree.

OWNER SIGNATURE: _____ DATE: _____