BOARDING AGREEMENT

Brentwood Animal Hospital

5101 N Palafox St, Pensacola, FL 32505

Phone (850) 434-2646 │Fax (850) 434-9081

OUR DOORS ARE OPEN FROM (MON-FRI) 7:30AM-5:00PM (SAT) 8:00AM-12:00PM

Date In:	Date Out:
Pet's Name:	Items Brought to Stay:
Pet's Age:	Pet's Current Weight:
Client's Name:	Emergency Contact:
Client's Phone #:	Emergency Phone #:
Special Feeding Instructions (i.e. special diet/feeding instructions, medications):	

Please check all that apply to your animal

Fence Jumper □   Aggressive Towards Humans □ Aggressive Towards Other Pets □ Digger/Escape Artist □

Vaccines Mandatory (Canine): DHLP □ FECAL □ BORD □ RABIES □
Extras: HWT □ COUNTY LIC □ CLINIC TAG □

Vaccines Mandatory (Feline): FVRCP □ PROFENDER □ RABIES □
Extras: COUNTY LIC □ CLINIC TAG □ COMBO TEST □ FELEUK VACCINE □

Budget in case of Emergency: $_____
If medical attention is deemed necessary by the veterinarian, all attempts will be made to contact the phone numbers above. In the case where verbal contact cannot be made, medical treatment will be performed, to the best of the veterinarian's ability, to stay within your designated budget.

Bath (includes nail trim & cleaning of the ears): YES □ NO □

All pets being boarded are required to be fully vaccinated, no exceptions. If proof of current vaccinations cannot be provided, your pet will be vaccinated at your expense. If evidence of fleas is present on your pet, treatment will be performed at your expense to help rid your pet of fleas. During busy boarding times, your pet will be given Capstar at your expense, regardless if your pet does not show evidence of fleas.

 I understand that there is no staff on the premises after hospital hours. Our office has kennel technicians that care for the pets boarding Saturday PM, and Sunday AM/PM. I confirm that my pet his healthy and that I have disclosed any pre-existing conditions to the doctor and/or staff; my pet is okay to stay alone without supervision or attention after hours and I release Brentwood Animal Hospital from any/all liability. I understand that it is not Brentwood Animal Hospital's liability if belongings (i.e. leashes, collars, beds, etc.) is damaged, destroyed (by my pet), or lost during my pet's stay at Brentwood Animal Hospital. By signing below, I acknowledge the boarding rules and regulations at Brentwood Animal Hospital. I understand that I will be responsible for all charges for boarding and treatments upon my return.

_____   _____

Signature   Date