

**HEART OF FLORIDA ANIMAL HOSPITAL & THE PET RESORT  
BOARDING AGREEMENT**

DATE TODAY: \_\_\_\_\_ DATE OF PICK UP: \_\_\_\_\_ AM \_\_\_ PM \_\_\_

OWNER: _____	<u>BATH</u>	<u>MEDICATION</u>
	YES NO	YES NO
PET(S) BOARDING: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONS(S) TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

EMERGENCY PHONE NUMBER(S): \_\_\_\_\_

PET'S BELONGINGS (CARRIER, TOYS, BLANKET, ETC.): \_\_\_\_\_

\_\_\_\_\_

SPECIAL INSTRUCTIONS (INCLUDE DETAILED MEDICATION DIRECTIONS AND ANYTHING YOU WISH THE DOCTOR OR STAFF TO CHECK OR WATCH FOR): \_\_\_\_\_

\_\_\_\_\_

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**FOR YOUR PET'S HEALTH**

**VACCINATION POLICY:** To insure the protection of all pets under our care all vaccinations must be up to date. All pets must have had a fecal examination for internal parasites with the last six months. All dogs must have current immunizations against Rabies, Distemper, Parvo, Corona Virus, Bordetella Bronchitis, and Canine H3N8 flu vaccine. Also, all dogs must have had a heartworm test within the past twelve months and on heartworm preventative. All cats must have current immunizations against Rabies, Feline Distemper, Rhinotracheitis, Calici Virus and Pneumonitis.

\_\_\_\_\_ I give my permission for the veterinary hospital to update my pet(s) vaccinations in accordance with the above policy.

**MEDICAL ILLNESS POLICY:** One of the advantages of boarding your pets at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s) listed above regarding your pets' symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wish below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

\_\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached.

\_\_\_\_\_ I authorize up to \_\_\_\_\_ \$100.00 \_\_\_\_\_ \$250.00 \_\_\_\_\_ Other \$ \_\_\_\_\_ in medical care for my pet until someone can be reached.

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

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I fully intend to pick up my pet(s) on the above date specified. If circumstances change, I will notify the Pet Resort of a new pick up date. I understand that if I fail to pick up my pet(s) within ten days of the above date, my pet(s) will be considered "abandoned" and will be handled in accordance with Florida State Law and that doing so does not relieve me of my financial obligations.

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_