



DONALD H. MORGAN, DVM
GUY C. GIBSON, DVM
DOUGLAS J. SPIKER, DVM
KRISTIN H. HEATHERLY, DVM

320 Indian Rocks Road North
Belleair Bluffs, Florida 33770
(727) 585-5682 Fax (727) 585-0525
Email: info@bluffsanimal.com
www.bluffsanimal.com

Boarding Agreement with Request for Information, Explanation of Policies, and Preauthorization for Emergency Care

Owner's/Authorized Agent's Name _____

Pet's Name _____ Boarding Dates: _____

At Bluffs Animal Hospital we take pride in providing a clean, safe and friendly environment for your pet(s) during your absence.

Vaccines and External Parasites

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current rabies, DA2PP, and *Bordetella* vaccines, and cats have current rabies and RCCP vaccines. If any of your pets' vaccinations are past due, they will be administered while boarding. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection. Also, your pet(s) will be examined for the presence of external parasites (fleas, ticks, etc) and treated accordingly. I agree to pay all related expenses associated with these treatments. _____ (please initial).

Diet

We provide Hill's Science and Prescription Diets or Royal Canine Prescription diets for our boarders. We will be pleased to feed another commercial or prescription diet of your choice if you bring it with you.

Medications

If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. I understand there is an additional daily fee for medications administered while boarding. _____ (please initial).

Statement of Kennel Policy

1. Boarding is charged on a per night basis.
2. Pets must be picked up between 8am and 5pm Monday through Friday and between 8am and 11:30am on Saturdays (unless prior arrangements have been made).
3. Discharges after hours or on Sundays are not allowed
4. We recommend that personal items not be left with your pet(s). If personal items are left with the pet(s), you do so at your own risk. We are not responsible for loss or damage.



DONALD H. MORGAN, DVM
 GUY C. GIBSON, DVM
 DOUGLAS J. SPIKER, DVM
 KRISTIN H. HEATHERLY, DVM

320 Indian Rocks Road North
 Belleair Bluffs, Florida 33770
 (727) 585-5682 Fax (727) 585-0525
 Email: info@bluffsanimal.com
 www.bluffsanimal.com

5. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments. I also agree to not hold this facility responsible for any harm to my pet(s) from any act of nature beyond their control, such as tropical storms, hurricanes, etc.
6. In the event of a mild illness or injury (e.g. diarrhea, vomiting, laceration), your pet(s) will be treated as deemed appropriate by the veterinarian. I wish to be notified immediately of the animal's illness/injury _____ or I wish to be notified at the time my animal(s) is discharged _____ (initial one).
7. If my pet(s) identified on this record becomes seriously ill or requires life saving treatment, the staff has _____ does not have _____ (initial one) my permission to provide any medical/surgical treatment deemed necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff may not be able to contact me immediately. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
8. In the unlikely event that my pet(s) passes away while boarding I wish to be notified immediately _____ or do not wish to be notified until my return _____ (initial one).

I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

 Signature of Owner or Authorized Agent (must be 18 years of age or older)

 Date

 Emergency phone numbers where owner/agent can be reached