

LAKE HOWELL ANIMAL CLINIC
856 Lake Howell Road, Maitland, FL 32751
Ph: 407-628-8000



BOARDING AGREEMENT



Owner's Name: _____ **Emergency Contact Number:** _____

Pet's Name: _____ **Breed/Color:** _____

Veterinarian or Clinic Name for vaccine history (if other than LHAC): _____ **Phone:** _____

Check-in Date: / / **Check-out Date:** / / **Check-out Time:** **AM / PM**

Required vaccines for dogs Rabies, DHPPC, and Bordetella; for cats Rabies and FVRCP. If I fail to provide proof of current required vaccines, I understand that the vaccines must be administered with LHAC and I'll pay the additional cost. **Initial** _____
Heartworm Test: YES _____ **NO** _____ **Fecal Test: YES** _____ **NO** _____

In case of severe or life-threatening illness or injury, LHAC will call my emergency contact phone number. If LHAC is unable to reach me, I give my consent to LHAC to provide treatment for medical problems or emergency surgery for my pet(s) while they are being boarded and I will assume responsibility for the cost of such treatment. **Initial** _____

I understand that LHAC does not like to accept personal items as they often are soiled, lost or destroyed. I understand that if I decide to leave any of my pet(s) belongings, including beds, blankets, toys, etc., I may not get them back. **Initial** _____

I understand that if I am a **NEW CLIENT** or if my pet needs vaccines, I am required to pay 100% deposit of the boarding fees at the time of dropping off my pet. **ESTABLISHED CLIENTS** are required to pay at least 50% of the boarding estimate at drop off time. **Initial** _____

If I cannot pick up my pet(s) on the agreed pick-up date, I will notify LHAC if an extended stay will be needed. I understand that I may be asked to leave an additional deposit over the phone at that time. If I do not provide notice and my pet remains unclaimed for seven (7) days after the stated pick up time, it will be considered abandoned and Animal Services will be contacted to take over care of my pet(s). **Initial** _____

It is further understood that such action **WILL NOT relieve me from paying all costs of your service and the use of your hospital, including the cost of any and all medical and boarding. **Initial** _____

Drop off and/or pick up times are as follows:

Monday, Tuesday, Thursday & Friday from 8am-5:00pm

Wednesday from 8am-12:00pm and Saturday from 8am-12:00pm.

LATE DROP OFF or LATE PICK UP FEE if I drop off or pick up my pet after 12:30pm or 5:30pm. **Initial** _____

I understand a **BATH** is recommended (for dogs) on the pick up day.

***YES BATH** _____ - Pick up **AFTER 2PM** on Mondays, Tuesdays, Thursdays and Fridays & **AFTER 11AM** on Wednesdays and Saturdays

***NO BATH** _____

Medication administration additional fee is \$6 per night. **Initial** _____

DIABETIC additional fee is \$8 per night. **Initial** _____

If fleas or ticks are found on my pet upon arrival, LHAC will treat my pet at an additional cost of up to \$30. **Initial** _____

I understand that during the following **HOLIDAYS** there will be an extra holiday charge of \$7 per day. These holidays include **Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Years Eve and New Years Day.** **Initial** _____

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE BOARDING AGREEMENT

Signature of Owner/Representative of Owner

Date