

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



EXOTIC PET BOARDING AGREEMENT

Owner's Name:

Emergency Contact Number:

Pet's Name:

Species:

Breed/Color:

Check-in Date:

/

/

Check-out Date:

/

/

Check-out Time:

AM / PM

I want my pet to have an exam **(\$74)** for the following problem/concern (s) _____

Initials _____

I want my **BIRD/EXOTIC PET** to have a BEAK TRIM **(\$20)** Yes _____ No _____
WING TRIM **(\$20)** Yes _____ No _____
NAIL TRIM **(\$20)** Yes _____ No _____

In case of severe illness or injury, LHAC will call my emergency contact number. If I cannot be reached, 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, I may not get them back. Initial _____

If I am a **NEW CLIENT** or if my pet needs an **EXAM or TRIM**, that I am required to pay 100% of the boarding fees at the time of dropping off my pet.

ESTABLISHED CLIENTS will be asked to pay at least 50% of the estimated charges at time of drop off. 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 that if my pet(s) requires **MEDICATION(s)**. I will be charged an additional \$6 fee per night. Initial _____

I understand that during the following **HOLIDAYS** there will be an additional 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