

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

I understand that it is required for my pet to be up-to-date on the following vaccines: (for dogs) Rabies, DHPPC, and Bordetella; (for cats) Rabies and FDRC. If my pet is not a regular patient at LHAC, I have provided a vaccine record proving they were administered. If my pet is not up-to-date on the required vaccines, I understand that the vaccines must be administered with LHAC. Initial _____
**Although it is not required for boarding, I would like my pet to get a Heartworm Test (Yes ___ No ___) and/or Fecal Test (Yes ___ No ___), to check for intestinal parasites, in addition to the required vaccines.

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 _____

LHAC will provide reasonable precautions against illness, injury, or escape of my pet(s), but LHAC will not be held liable, as it is thoroughly understood that I assume all risks. 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** that I am required to pay at least a 50% deposit of the boarding fees at the time of dropping off my pet. If my pet is due for exam/vaccines, I will be required to leave 100% deposit of the boarding fees. Initial _____

Should circumstances arise that I cannot pick up my pet(s) on the date that I have stated as the 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, boarding, and/or grooming services. Initial _____

I understand that regular drop off / 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. Pets cannot and will not be released on Sundays. **I understand and agree that I will be charged an additional \$25 late fee if I drop off or pick up my pet after 12:00pm or 5:00pm, based on the times stated above.** Initial _____

I understand a **BATH** is recommended (for dogs) upon exit from the boarding facility for an additional fee, and I authorize LHAC personnel to bathe my pet(s). If I refuse this service, I assume complete responsibility for the condition of my pet(s).

Accept _____ Refuse _____ (If accepted please pick up on check out day AFTER 2PM on Monday, Tuesday, Thursday and Friday & AFTER 11AM on Wednesdays and Saturdays to allow pet to dry)

I understand that if my pet(s) requires **MEDICATION(s)**. I will be charged an additional \$5 fee per night. I understand that if my pet is **DIABETIC**, there will be an additional \$6 fee per night. Initial _____

I understand that my pet must be on flea/tick prevention to board at LHAC. If my pet has fleas or ticks upon arrival, I authorize LHAC to treat my pet with either oral or topical products at an additional cost to the client 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