

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

While boarding, I want my pet to have an exam (\$70) for the following reason (s) \_\_\_\_\_

Initials \_\_\_\_\_

For avian boarders: I want my bird to have a beak trim(\$19) Yes \_\_\_ No \_\_\_, wing trim(\$19) Yes \_\_\_ No \_\_\_ and/or nail trim(\$19) Yes \_\_\_ No \_\_\_ while boarding here.

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 \_\_\_\_\_

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, 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 for boarding. If my pet needs an exam, a 100% deposit will be required instead. 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 and boarding. 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 will not be released on Sundays. **I AGREE and understand 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 that if my pet(s) requires **MEDICATION(s)**. I will be charged an additional \$5 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