

Sabal Chase Animal Clinic
Ian B. Kupkee, D.V.M.
305-595-1450

Boarding Authorization and Information

Client Name _____ **CHECK IN DATE:** _____

Pet Name _____ **CHECK OUT DATE:** _____

Emergency Contact _____ **Emergency Phone Number:** _____

Is anyone else authorized to pickup your pet? If so, who? _____

Effective July 7, 2009 the new canine influenza vaccine will be mandatory for all boarders. The cost is \$25.00 and requires a second booster in 3 weeks. **Initial** _____

Our kennel is free of fleas and ticks. If your pet has any fleas or ticks, we will treat them before they enter the kennel at your expense. Dogs must have proof of purchase of heartworm preventative from a licensed veterinarian. If not, a mandatory fecal must be done at the cost of \$18.50. If intestinal parasites are found, we will also treat at your expense. **Initial** _____

I request the following professional services while my pet is here (there will be an additional charge for these services):

<input type="checkbox"/> Vaccinations Due	<input type="checkbox"/> Puppy Luv Bath and/or Groom (Please circle)
<input type="checkbox"/> Microchip Needed	<input type="checkbox"/> Dr. Exam needed for _____
<input type="checkbox"/> Flea and/or tick treatment	<input type="checkbox"/> Other: _____

Please give the following medications (there is a nominal fee to give medications per day, excluding vitamins and supplements):

We feed all boarders Science Diet food. We are happy to give your pet their own food during their stay.

Please feed Science Diet dry food while my pet boards.

Please feed the food I provided for my pet. Name brand: _____

Feeding instructions (check all that apply): AM: _____ cup/can PM: _____ cup/can Keep food down always

SABAL CHASE ANIMAL CLINIC is **NOT RESPONSIBLE** FOR ANY ITEMS LEFT WITH YOUR PET. While we try to return all personal items left with our boarders, the nature of our service is to clean and wash all items, and therefore we cannot guarantee that blankets, bedding, etc., will return to the proper owner. We do provide towels, blankets, and bowls for your pet.

Pet's Articles: (Please Circle & Describe any which apply) Toys _____ Leash _____

Food/Treats _____ Other (Please Specify) _____

Boarding Consent:

As owner or agent, I authorize Sabal Chase Animal Clinic to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop while boarding provided that reasonable care and precautions are followed. I understand that my pet's environment will be different from that at home and therefore problems such as barking, abnormal appetite, sore throat, diarrhea, or other anxiety related problems can develop. If we are unable to reach you or a responsible party, I understand that any medical or anxiety related problem will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved. In the event of hurricane or other natural disaster, every effort will be made to ensure your pet's needs are met. Our clinic has a concrete roof and hurricane shutters. Your pet will be left with extra food and water. However, please be advised that no members of the staff will be physically at the clinic during a storm event and your pet's safety and/or comfort cannot be unconditionally guaranteed. Please be advised that our generator does **not** supply enough power to run air conditioners or fans in our kennel. For this reason, we ask that you pick up your pet as soon as possible in the event that the clinic loses power.

PLEASE NOTE: IF YOUR PET'S VACCINATIONS ARE OUT OF DATE THEY WILL RECEIVE THEIR VACCINATIONS DURING THEIR STAY WITH US. YOUR SIGNATURE BELOW AGREES TO THIS REQUIREMENT.

Owner/Agent Signature: _____ **Date:** _____