



BOARDING AGREEMENT



Dr. Peter's Animal Hospital

7318 Royal Palm Blvd.

Margate, FL 33063

(954)-340-9904 – (954) 340-5431 Fax

Owner/Client Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

Pet/Boarder's Name: _____ Canine / Feline / Other _____

Breed: _____ Color: _____ Male / Female / Altered

Age: _____ Weight: _____ Disposition: _____

Current Vaccinations: Yes No

Heartworm Prevention: Yes No

Fecal Exam within 6 months: Yes No

Diet: _____

Medications Required: _____

Pick up Date/Time: _____

Special Instructions: _____

Emergency Contact: _____ Phone: _____

1. I am the owner of the above named pet, and or responsible for all fees incurred during this visit, and have the authority to execute this consent. I am over eighteen years of age.
2. I understand that any problem that may develop will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.
3. I understand that as a prerequisite to my pet being admitted, vaccinations must be current and my pet must be free of internal and external parasites. If vaccines are not up to date and parasites are found I will be charged accordingly.
4. I understand that reasonable precautions will be used against injury, escape or death of my pet. The clinic and staff will not be held liable for problems that develop.

Signature: _____ Date: _____