

BOARDING AGREEMENT

VENICE PINES VETERINARY CLINIC
1168 Indian Hills Blvd, Venice, Fl 34293
Telephone (941)-492-9692 Email- reception@gatorvet.com

Owner's Name _____

Pet's Name(s) _____

BOARDING POLICY

To insure the protection of all pets under our care, the following must be up-to-date (unless not required according to doctor discretion)

Dogs must be vaccinated with Rabies, Bordetella and DAP *in accordance with the doctor's requirements and local regulations*

Cats must be vaccinated with Rabies and FVRCP *in accordance with the doctor's requirements and local regulations.*

Cats must also have received the Feline Leukemia Vaccine within the past year or have been tested *negative for Feline Leukemia* within the past 1-2 years *as required by the doctor depending on your cat's environment/housing.*

Dogs and Cats must have had a *negative* intestinal parasite exam within the past 12 months.

*If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet's health requirements in accordance with the above policy.

All dogs and cats must have been treated with an authorized prescribed flea and/or tick preventative prior to entering the boarding area. All pets will be checked for fleas and ticks at check-in. If any fleas/ticks are observed on my pets(s) additional flea/tick treatment, and possibly the premises will be treated at owner's expense.

MEDICAL ILLNESS POLICY Your pet's health and well being is our primary concern. Any pet that is determined to be in need of medical attention while boarding with us will be examined and receive basic medications/treatments at the owner's expense. For more extended issues:

Initial ONE of the following:

_____ I authorize whatever services the doctor deems necessary for the best care of my pet
_____ I authorize up to (check one and indicate amount) (___)\$100(___) \$200 (___)\$____in medical care for my pet(s) until someone can be reached.

Generally, we will not call unless there has been an emergency, please indicate below if you would like to be contacted for non-emergency medical issues.

No___ Yes___ Contact me at _____

NOTE-We strive to provide a happy, relaxing environment to all in our care. However, some pets will still become anxious or stressed. In those circumstances I authorize anti-anxiety medications to be administered if the doctor deems it in the pet's best interest. Yes_____ No_____

All check-in or check-out appointments must be arranged in advance.

Owner agrees that if for any reason the reserved dates change, owner will notify the clinic right away of the new dates. Please be aware there WILL be a late fee incurred if pet is discharged before or after the reserved dates. If a person other than the owner named in the record is picking up a pet, we must be notified in writing.

Drop off and pick up times are M-F 8:30am-11:00am and 2:00pm-5:00pm Sat 8:30am-11:30am Sun 4pm-5:30pm
_____ please initial -Pets picked up after 11am will be charged for the full day

MULTIPLE PET HOUSEHOLDS

I hereby request Venice Pines Veterinary Clinic to board my pets in a shared run/cage
(circle one) * YES or NO

*We only board pets together that live in the same household and can eat together without problems- We will separate pets if there is an issue.

I have read and understand this agreement.

Date

Signature

Staff Initials