



4585 Weston Road, Weston, FL 33331 Phone: (954) 389-5656 Fax: (954) 954-385-8655

Email: westonroadanimalh@gmail.com Website: westonroadanimalhospital.com

BOARDING AGREEMENT

Pet name: <animal>

<date>

In case of EMERGENCY contact: _____ Phone # _____

Does your pet ever exhibit destructive behavior at home or away? (Check all that apply)

- () Chew up bedding, () Destroy toys, () Paw at doors, () Rub nose when confined, () Self-mutilation
() No behavior problems

Pet's Belongings: () Carrier, () Toys, () Bedding, () Food, () Other _____

Weston Road Animal Hospital is NOT RESPONSIBLE for lost or damaged personal belongings.

Medications to be given during stay:

Table with 3 columns: Name of Medication, How Much?, How Often? with multiple rows for input.

Feeding Instructions:

Please feed: () My food, () Science Diet Adult Maintenance dry, () Prescription diet: _____
How often? () AM, () Mid, () PM How Much per feeding? _____

Medical Illness Policy: If your pet has a medical issue, we will make every effort to notify the Emergency contact immediately. If no one can be reached, please indicate your wishes should your pet require treatment to relieve discomfort or to resolve an important medical condition. (Please Initial ONE)

Please perform whatever services the doctor deems necessary for the best care of my pet.

Only in an emergency, please perform whatever services the doctor deems necessary to stabilize my pet.

DO NOT administer any medical or diagnostic treatment until specific authorization is given.

BATH: I understand that a bath will be performed before discharge (and on admission if my pet arrives with fleas and/or ticks) and that a stool sample will be checked while my pet is boarding and an exam and deworming will be performed if the sample is positive for parasites.

DISCHARGE: Boarding patients will be discharged after 1:00pm on WEEKDAYS and 11am on SATURDAYS.

I have read and understand this agreement. I fully intend to pick up my pet on the below date at the time specified: If any circumstances change, I will notify the hospital immediately or be subject to additional fines or fees.

Printed Name _____ Authorizing Signature _____

Table with 5 columns: Drop Off Date, Pick Up Date, Pick Up Time, Authorizing Signature, Staff In.