



For your convenience, we have provided the necessary documents for you to fill out prior to arriving for check-in. This will significantly expedite your check-in process. Your pet's health is our primary concern and the questions on these documents will enable us to provide the best care for your pet.

PLEASE PRINT OUT THESE DOCUMENTS, FILL THEM OUT AND SIGN THEM, AND THEN FAX THEM BACK TO US PRIOR TO YOUR SCHEDULED BOARDING DATE.

Documents that may be attached:

- Boarding Agreement:** This document provides us with information such as emergency phone numbers where you can be reached, medical problems, dates you will be dropping off and picking up, feeding schedule and type of accommodations you are requesting. Please fill out completely and initial on the line those accommodations or services you are requesting. Should your pet have any health issues you wish our doctor to examine while your pet is here, please note this in the appropriate place on the form.
- Risk-Assessment Form:** Should your pet require vaccinations while staying with us, this brief questionnaire will provide us with the appropriate information to determine which diseases your pet is at risk for and which vaccinations your pet should require.

You can either bring these forms with you at the time of admission or fax them back to us ahead of time. This will significantly expedite the check-in process.

If you choose to fill out these forms when you come in to our office, please give yourself ample time at check-in so that all of this information can be collected from you.

We have designated times to drop off your pet for boarding. You have chosen either a morning or an afternoon drop-off time. Should you need to change your designated time, please contact our office at least 24 hours in advance so that we can make the check-in process as smooth as possible.

BOCA PALMS ANIMAL HOSPITAL
Boarding Agreement

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FOR YOUR PET'S HEALTH - We recommend that vaccinations be current on **ALL** pets that are staying at the clinic for surgery, treatment, grooming or boarding services.

All pets entering the hospital for boarding are to be free of any external parasites. Any animal found to have fleas or ticks upon admittance will be treated at the owner's expense.

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Owner's Name _____	Pet's Name: _____
Emergency Phone Number: _____	Special Medical Conditions: _____
Date of Admission: _____	_____
Date of Release: _____ Time: _____	Items left: _____
Is your pet on any medications? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____	

*****NOTE: There is an additional charge for administering medications.*****

What is your pet's regular diet? ***Unless otherwise specified, your pet will be fed a diet according to the needs of a normal animal his/her age from the food we use:* _____

How much do you normally feed and how often? _____

BOARDING RATES INCLUDE:

- Accommodations suited to your pet's size
- Inspection by veterinary technician on admission
- Dogs are leash walked twice daily
- Feeding our premium dog food twice daily
- Fresh water available at all times
- Daily cleaning and disinfecting of cages and runs
- Administering heartworm prevention and vitamins

DAILY RATES FOR STANDARD ACCOMODATIONS

Cats	per night	Dogs	per night
Feline residents.....	\$20 ____	Canine residents up to 49 pounds	\$26 ____
		Canine residents 50-75 pounds	\$34 ____
		Canine residents over 75 pounds	\$40 ____
Small mammals:	\$12.00 ____	Birds: \$12.00 per cage	____

DOES YOUR PET HAVE ANY PROBLEMS THAT WE SHOULD BE AWARE OF? NO YES

Is there anything that you would like for the vet to examine while your pet is here? NO YES

PLEASE EXPLAIN:

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All dogs boarding at the Boca Palms Animal Hospital are required to have a bath upon discharge from the hospital. Cats will receive a bath only if needed. Animals staying for extended periods of time will also be required to be bathed at regular intervals. This is to ensure that all pets leave the hospital free of any external parasites and clean. For this reason we recommend picking up your pet after 10:00 am to give him/her adequate time to dry following their bath.

I authorize the Boca Palms Animal Hospital to do whatever is necessary to ensure the safety and well being of my pet should an emergency situation arise and I am unable to be reached immediately. I accept full responsibility for the fees generated by such services, and agree to pay all boarding, grooming, medicine and professional fees when I pick my pet up. Boca Palms Animal Hospital will not perform unnecessary procedures but may need to perform those required to maintain the good health of all pets in its care. I understand that a service charge of 18% APR (min. \$5.00 per month) is applied to any balance over 30 days. My signature below gives the Boca Palms Animal Hospital authorization to charge any remaining balance past 30 days to my credit card number which is on file. Should it become necessary for the Boca Palms Animal Hospital to collect this account through the use of an attorney, the undersigned agrees to pay all costs of collection, including one third of reasonable attorney fees, court costs and all expenses associated therewith.

I have read the above and fully understand the terms thereof:

Owner or Owner's Agent

Staff Init.

To enhance your pets comfort and in addition to our basic boarding package, we offer the following V.I.P (very important pet) services:

PUPPY/KITTEN PACKAGE Additional \$8.00 night ____
All puppies and kittens need lots of people socialization. This is advisable for all puppies and kittens less than 16 weeks of age. It is required for all puppies and kittens under 10 weeks of age.
Includes:
Basic boarding package
Up to two additional feedings per day
Special puppy/kitten diet
Extra walks (dogs)
Medication administered if needed
Play time with kennel staff

TENDER LOVING CARE (TLC) Additional \$8 per night ____
Includes:
Basic boarding package
Extra walks (dogs)
Daily brushing
Extra feedings
Special cleaning as required
Play time with kennel staff

Additional special services

Some pets may require special attention while staying with us or you may request other special services while your pet is in our care. Please inquire with the receptionist when you bring in your pet. A few of the additional services our hospital provides are:

- Administering oral prescription medications.....\$3.50 per day ____
- Administering injectible medications.....\$8.00 per day ____
- Special handling of aggressive or difficult pets.....\$12.00 per day ____
- Individual walks (additional).....\$3.00 per day ____
- Diabetic or epileptic pets.....Additional charges will apply. Please ask for details.

BOCA PALMS ANIMAL HOSPITAL
Vaccination Risk Assessment

Patient: _____ **Date:** _____

Owner: _____ **Species:** **K9** **Feline**

The Boca Palms Animal Hospital uses this Risk-Assessment to determine which vaccinations your pet should receive. It is not our belief that every animal needs to receive vaccinations for every disease if their lifestyle does put them at risk for those diseases. Please answer every question to help us provide the best possible protection for your pet. Should you have any questions, please do not hesitate to ask.

Does your pet:

- | | | |
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| 1. Go to a groomer? | Y | N |
| 2. Board at an animal hospital or boarding facility? | Y | N |
| 3. Go to dog parks? | Y | N |
| 4. Have access to a ground-floor screened porch/patio? | Y | N |
| 5. Visit other animals of the same species either at your home or someone else's? | Y | N |
| 6. Participate in activities where they come in contact with other animals? (i.e. showing or breeding) | Y | N |
| 7. Urinate/Defecate on paper inside? | Y | N |
| 8. Have unsupervised time outside? | Y | N |
| 9. Have a history of any serious illness?
If yes, what _____ | Y | N |
| 10. Have a history of any kind of reaction to vaccines?
If so what kind? _____
To which vaccine(s)? _____ | Y | N |
| 11. Do you have stray/wild animals (cats, raccoons, etc) roaming your neighborhood? | Y | N |
| 12. Do you have contact with other animals without your pet? If so, how?

_____ | Y | N |
| 13. Do you feed the same brand of food consistently ? | Y | N |
| 14. Do you travel with your pet?
To where? _____ | Y | N |

This Risk Assessment will provide us with the most complete information to personalize a vaccination protocol for your pet. Should your pet's lifestyle or risk of exposure change at any time, please contact our office so we can determine if additional protection is recommended.