

PET RESORT CHECK IN

Pet(s) Name: _____ Length of Stay: _____

EMERGENCY NUMBER: _____

**(If you have moved recently, your updated address as well please.)*

Current on requirements:

Canine:		Feline:	Temperament:	
<input type="checkbox"/> Da2pp	<input type="checkbox"/> Influenza H3N2	<input type="checkbox"/> FVRCP	___ Dog/Cat friendly	___ Toy aggressive
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Negative Fecal	<input type="checkbox"/> Negative Fecal	___ Dog/Cat aggressive	___ Food aggressive
<input type="checkbox"/> Rabies		<input type="checkbox"/> Rabies	___ People aggressive	___ Destructive

BELONGINGS: Any belongings supplied with the pet may become: soiled, dirty, ripped, destroyed, misplaced, etc. Our hospital is not capable of washing medium to large size bedding and may be returned soiled. Boca Park Animal Hospital and staff are not responsible for replacing or crediting any items supplied.

Signature: _____

TLC's: Additional Fees Apply

___ Playtime: Times per day - ___1 Time ___2 Times ___3 Times **(VIP SUITES ALREADY INCLUDES 3 TIMES.)*

___ Nail Trim

___ Anal Gland Expression

___ Grooming **(Be sure to check with reception for available appointments.)*

___ Treadmill

___ Luxury Bedding **(Rental Fee Per/Day Destruction fee \$15.00 / Destruction Fee \$300.00)*

___ Raised Bed –

Booked
 Cancelled
Employee Initials: _____

**Please note if your pet is staying in a VIP, Penthouse, Executive they will be provided a raised bed that is included in price. However, if your pet destroys the bed you will be charged the amount of \$55.00. If your pet is in a mini suite you may purchase at an additional \$2.50/day. Please notate option below.*

INITIAL ONE: Agree _____ DO NOT give my pet a raised bed _____ Please add to mini suite _____

*** All pets that stay at Boca Park Animal Hospital may receive the following while in our care: soft bedding, blanket, towel, toys, and raised bed made with fabric. Please alert us if your pet eats items, as they may become ingested and can result in surgery. If you agree to items and your pet consumes them, you will be responsible for medical treatment that is needed. Notate below if you agree or disagree to pet receiving items.*

INITIAL ONE: Agree – Give items _____ Disagree - DO NOT give my pet any items _____

Medications:

All medication is an additional charge of \$2.50 per medication / per day for administration.

Diabetics are an additional charge of \$4.50 per injection.

INITIALS: _____

Signature: _____ **Date:** _____

Medical Treatment:

While my pet is boarding, I authorize up to **\$100.00** for medical treatment that a Veterinarian deems necessary, should anything arise during my pets stay such as diarrhea, vomiting, anxiety, illness. I Agree Initials _____

In the event I cannot be reached, I authorize up to **\$500.00** for emergency treatment that a Veterinarian deems necessary, should an emergency arise during my pets stay. INITIAL ONE: YES _____ NO _____

If the pet(s) is/are to be picked up by someone *other than the owner*, arrangements must be made with the hospital regarding pick up and payment.

INITIALS: _____

If the expected discharge date is changed for a later date, notification and arrangements **HAVE to** be made. If **NO** communication is made and the pet is not picked up within 10 days of expected discharge date, they will be considered abandoned. Boca Park Animal Hospital is then given the right to handle the pet as deemed best.

INITIALS: _____

BPAH will exercise reasonable care of the pet during its stay. The owner does acknowledge and he/she understands that their dog will co-mingle with other dogs and the risk associated with it. Although we provide reasonable supervision, dogs may escape, injuries can occur, and transmittable diseases may happen. In consideration of these services, owner expressly waives and relinquishes any claims against BPAH, its officers, owners, employees and agents, relating to services provided pursuant to the owner's dog, and further agree to indemnify BPAH against all such claims. BPAH allows cage-free daycare to the maximum extent possible, however if for any reason due to behavioral issues BPAH reserves the right to isolate any pet(s) to ensure the safety of all. In addition, there will be no refund due to owner for unforeseen occurrences.

INITIALS: _____

DROP OFF/PICK UPS ARE DURING THE FOLLOWING HOURS ONLY: **(Please note this EXCLUDES holidays that we are closed.)*

Monday- Friday: 6:30 am - 7:00 pm

Saturday: 8:00 am – 6:00 pm

Sunday: 8:00 am - 5:00 pm

****A \$25 FEE PER DAY WILL BE ATTACHED IF PET IS NOT PICKED UP AS SCHEDULED WITHOUT INFORMING OUR OFFICE.***

****CHECKOUT TIME IS 3PM. ANOTHER NIGHT WILL BE CHARGED AFTER THIS TIME.***

****MUST HAVE WRITTEN PROOF PRIOR TO OR SAME DATE OF BOARDING OF UP-TO-DATE VACCINES AND FECAL. ADDITIONALLY, ANY PETS INTERACTING WITH OTHER ANIMALS MUST BE SPAYED OR NEUTERED.***

INITIALS: _____

****Due to high demand, there will be a 25% increase in prices for boarding during holiday periods, and we also require a 50% deposit at the time of reservation. This deposit may be refundable with a 48 hour prior notice. Summer season will have a 15% increase in prices. These dates are available upon request with one of our Client Care Coordinators.***

INITIALS: _____

By signing below, you agree and understand the policies listed in this Release Form. You also authorize Boca Park Animal Hospital to care for your pet during their stay with us and you accept all financial responsibility for any and all charges incurred during your pet's stay. Thank you for choosing our team to care for your pet.

Financial Policy: By signing below I assume full fiscal responsibility for any treatment my pet receives. I understand that FULL payment is due at the time services are rendered. I also understand that a deposit of 50% or higher is required for extensive services and hospitalized patients with FULL payment at discharge from the hospital. Any balance that is unpaid will be billed to me at 30 days, if not paid within 14 days the balance will be forwarded to Boca Park Animal Hospital's collection agency, and I will incur a 35% collection fee for which I am liable, in addition to monthly finance charges. If Boca Park Animal Hospital collection agency must pursue court action I will be liable for court costs and attorney fees. Boca Park Animal Hospital does not except payment plans, please ask about other payment options.

Signature: _____

Date: _____

