



# 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: \_\_\_\_\_